

North Carolina Department of Health and Human Services

**Division of Mental Health, Developmental
Disabilities, and Substance Abuse Services**

**2002-2003 Performance
Agreements with
Area Programs and Counties**

Report on the Fourth Quarter

April 1, 2003 - June 30, 2003

Prepared by

**Communications and Training Team
Division of Mental Health, Developmental Disabilities, and Substance Abuse Services**



August-2003



North Carolina Department of Health and Human Services
Division of Mental Health, Developmental Disabilities and Substance Abuse Services
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Michael F. Easley, Governor
Carmen Hooker Odom, Secretary

Richard J. Visingardi, Ph.D., Director

August 20, 2003

MEMORANDUM

TO: Area Board Chairs
Area Program Directors
County Managers
NC Commission for MH/DD/SAS Members
NC Council of Community Programs
DMH/DD/SAS Executive Leadership Team

FROM: Richard J. Visingardi, Ph.D.

RE: **2002-2003 Performance Agreement - Fourth Quarter Report**

This transmits the **fourth quarter report** by the Division of Mental Health, Developmental Disabilities and Substance Abuse Services on its 2002-2003 performance agreements with Area Programs and Counties.

Under these agreements the Division is to provide quarterly reports summarizing results of its monitoring of Area Program or County performance and progress on particular contract requirements. The reports, where appropriate, include pertinent statewide data and cross-agency comparisons.

Please let us know if you have any questions regarding the fourth quarter report.

RJV/mb

Enclosure

cc: Secretary Carmen Hooker Odom
Deputy Secretary Lanier Cansler
Assistant Secretary James Bernstein
Fred Waddle
Robin Hoffman
Patrice Roesler
Carol Duncan-Clayton



2002-2003 Performance Agreement Fourth Quarter Report

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Introduction

Background

In June 1999, the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services developed the 1999-2000 Performance Agreement to replace the memorandum of agreement which historically was signed by each Area Program or County and the Division. The creation of this new contract marked a significant change in the relationship between the Division and the Area Programs and Counties. It moved the relationship to a more businesslike association characterized by the clear statement of respective responsibilities and performance requirements geared toward major program outcomes.

This shift demonstrated the Division's focus on greater accountability for the resources invested in the community-based mental health, developmental disabilities and substance abuse service system by the State and Federal governments.

As an important element in achieving such accountability, the Division employs a variety of specified methods to monitor and/or verify Area Program and County fulfillment of their responsibilities and performance requirements as spelled out in the agreements.

State Fiscal Year 2002-2003 is the fourth year the Division has used these performance agreements with its local partners. As in prior contracts, the current agreements provide that the Division will publish the results of its monitoring in periodic, quarterly reports that present Area-specific performance data, comparisons to statewide data, and cross-Area comparisons.

This is the fourth quarter report under the 2002-2003 Performance Agreements.

It includes data on the performance requirements specified in Section IV of the current agreements. Some requirements are tracked on a quarterly basis. Others are tracked on a semi-annual or annual frequency. For reasons of economy, only those requirements with a report due in the second quarter are included in this report.

The reporting under **Accountability 1** also includes corrective actions and management improvements that result from monitoring of items specified in Section III-C of the current agreement and from prior years' monitoring. These may include actions as required by the Secretary of the Department of Health and Human Services, the Division, or as committed to by Area Programs or Counties related to current or prior audits, program reviews or quality improvement processes.

The tables on the following pages list the performance requirements, allied reporting schedules and the Section or Team staff member in the reorganized Division structure to contact for information regarding the requirements and/or associated reports.

Note:

1. The **Duplin-Sampson** and the **Lenoir** Area Programs merged effective July 1, 2002. The successor organization is the **Duplin-Sampson-Lenoir** Area Program. Some reports contained herein continue to present data under both preceding entities. The reasons vary and may be associated with report frequency, Client Data Warehouse (CDW) reporting under separate facility codes, and other bases.
2. Area Programs/Counties are no longer required to submit reports to the Division under performance requirement **Accountability 3 - submission of MR/MI Person Centered Plans**. Therefore, this requirement is deleted from the quarterly reporting system.
3. The reporting on performance requirement **Fiscal Management 3** – pay all provider invoices in accordance with the prompt pay provision – is suspended pending finalization of the reporting format by the Division.
4. As all Area Programs/Counties have a signed Trading Partner Agreement with the IPRS fiscal agent, there is not a composite report on performance requirement **Fiscal Management 4** – submit annually evidence of a current valid Trading Partner Agreement (TPA) with the IPRS Fiscal Agent.

Appeal Process

If officials of an Area Program or County believe that information contained in this report is in error, the Area Program Director may make a written appeal to the Director of the Division within fifteen (15) working days of receipt of the report by the Area Program or County. The appeal should include reference to the specific requirement(s) that is/are in question, a clear and concise refutation, and any supporting documentation that can assist in the contest.

The Division Director will appoint staff to review the material submitted and to make recommendations as to a decision: either concurrence with or denial of the appeal. In either case, the Division Director will give timely written notice to the Area Director of the outcome of the appeal including the specific reason(s) leading to the decision. In cases where the Division Director concurs with the Area Program, the Division will send letters to the Area Program Director, the Area Board Chair, and the respective County Manager(s) informing them of the error. An errata sheet and/or corrected table, highlighting the correction, will be included in an appendix to the next Performance Agreement quarterly report.

Appeals should be mailed to the following address:

Richard J. Visingardi, Ph.D., Director
North Carolina DMH/DD/SAS
3001 Mail Service Center
Raleigh, NC 27699-3001

2002-2003 Performance Agreement Report Schedule

August 2003

The table below shows which requirements will be reported by quarter or otherwise.

Section IV Performance Requirements			Quarterly Report Schedule			
			1st	2nd	3rd	4th
Category	#	Requirement	Nov 15	Feb 15	May 15	Aug 15
A. Fiscal Management	1	Maintain responsible accounting, reimbursement and financial management practices so as to provide continuous unrestricted fund balance of at least one month's operational costs and to assure consistent availability of services to client within overall funding levels. For single counties that do not provide fund balances, county managers should provide sufficient financial backing for the program to assure consistent availability of services to clients within overall funding levels.	As Needed This requirement will be measured, monitored and reported on through the pertinent performance requirements under Fiscal Management 2			
	2	Submit all reports required by law, regulations or the DHHS by assigned due dates in acceptable quality and comply with all the performance indicators that are tracked in the reports. Such reports shall include the following:				
		Quarterly Fiscal Monitoring Reports	X	X	X	X
		Cost Finding Report		X		
		Revenue Adjustment Reports	X	X	X	X
		Documentation of paybacks for non-compliance items identified during the Annual Medicaid Services Audit		X		
		Substance Abuse Prevention and Treatment Block Grant (SAPTBG) Compliance Report		X		X
		Substance Abuse/Juvenile Justice Initiative Quarterly Reports	X	X	X	X
		TANF/Work First Initiative Quarterly Reports	X	X	X	X
		Volume of Service Submissions for:				
		Regular UCR	X	X	X	X
		Comprehensive Treatment Services Program (CTSP) UCR	X	X	X	X
		UCR-MR/MI	X	X	X	X
	3	Pay all provider invoices within thirty (30) calendar days after approval (effective 12/1/02)				X
	4	Submit annually evidence of a current valid Trading Partner Agreement (TPA) with the IPRS Fiscal Agent				X
B. Accountability	1	Implement reasonable or agreed upon corrective actions and management improvements as required by the Secretary, the Division, or as committed to by the Area Program from audits, program reviews or quality improvement processes	X	X	X	X
	2	Achieve and maintain accreditation by the Council on Accreditation	X	X	X	X
	3	Submit timely and complete client data reports for all clients as specified in each of following categories:				
		Client Data Warehouse (CDW)	X	X	X	X
		Client Outcome Initiative (COI)	X	X	X	X
		NC Treatment Outcomes and Program Performance System (TOPPS) Assessments				X
		Participate in the Developmental Disabilities Core Indicators Project			X	
		Local Community Collaboratives will submit CTSP waiting list data	X	X	X	X
		Maintain current, accurate computerized database reflecting content specified by the Developmental Disabilities Section	X		X	
		Complete the NC SNAP	X			
C. Client Rights and Relations	1	Administer the Division Client Satisfaction Surveys to Mental Health and Substance Abuse clients, consistent with Division standards and submit data received according to Division guidelines		X		
D. Access to Services	1	Provide access to services for eligible children in DSS custody in an attempt to improve penetration rates from FY 01 to FY 02, subject to available funding	X	X	X	X
E. Service Delivery	1	Offer an appointment to see individuals who choose the Area Program for follow-up care within five (5) working days after notification to the AP of discharge from state hospitals and ADATCs. If the client does not attend the appointment (i.e., no show), the AP will document that reasonable professional efforts were made to see or reschedule the client. (Adult Mental Health and Substance Abuse Services)				X

PA 02-03 Report Schedule, Q4

2002-2003 Performance Agreement Contact List

August 2003

The table below shows the Division Section or Team staff member to contact for information regarding the listed Section IV performance requirements and/or reports on those requirements.

Category	#	Section IV Requirement (abbreviated)	Division/ Team Contact Person	Phone/Email	Address
A. Fiscal Management	1	Maintain responsible accounting, reimbursement and financial management practices	Rick DeBell, Budget & Finance Team	(919) 733-7013 Rick.DeBell@ncmail.net	Budget & Finance Team 3013 Mail Service Center Raleigh, NC 27699-3013
	2	Submit all reports required by law, regulations or DHHS:			
		Quarterly Fiscal Monitoring Reports	Rick DeBell, Budget & Finance Team	(919) 733-7013 Rick.DeBell@ncmail.net	Budget & Finance Team 3013 Mail Service Center Raleigh, NC 27699-3013
		Cost Finding Report	Rick DeBell, Budget & Finance Team	(919) 733-7013 Rick.DeBell@ncmail.net	Budget & Finance Team 3013 Mail Service Center Raleigh, NC 27699-3013
		Revenue Adjustment Reports	Rick DeBell, Budget & Finance Team	(919) 733-7013 Rick.DeBell@ncmail.net	Budget & Finance Team 3013 Mail Service Center Raleigh, NC 27699-3013
		Documentation of paybacks for non-compliance items identified during the Annual Medicaid Audit	Marvin Sanders, Accountability Team	(704) 330-5216 Marvin.Sanders@ncmail.net	Accountability Team PO Box 34128 Charlotte, NC 28234
		Substance Abuse Prevention and Treatment Block Grant (SAPTBG) Compliance Report	Terrie Qadura, Quality Management Team	(919)733-0696 Terrie.Qadura@ncmail.net	Quality Management Team 3004 Mail Service Center Raleigh, NC 27699-3004
		Substance Abuse/Juvenile Justice Initiative Quarterly Reports	Terrie Qadura, Quality Management Team	(919)733-0696 Terrie.Qadura@ncmail.net	Quality Management Team 3004 Mail Service Center Raleigh, NC 27699-3004
		TANF/Work First Initiative	Helen Wolstenholme, Best Practice Team	(919) 715-2774 Helen.Wolstenholme@ncmail.net	Best Practice Team 3005 Mail Service Center Raleigh, NC 27699-3005
		Volume of Service Submission: Regular UCR (Pioneer)	Rick DeBell, Budget & Finance Team	(919) 733-7013 Rick.DeBell@ncmail.net	Budget & Finance Team 3013 Mail Service Center Raleigh, NC 27699-3013
		Volume of Service Submission: Comprehensive Treatment Services Program (CTSP) UCR	Elizabeth Brown, Budget & Finance Team	(919) 733-7013 Elizabeth.Brown@ncmail.net	Budget & Finance Team 3013 Mail Service Center Raleigh, NC 27699-3013
		Volume of Service Submission: MR/MI UCR	Judy Bright, LME Systems Performance Team	(919) 715-1294 Judy.M.Bright@ncmail.net	LME Systems Performance Team 3015 Mail Service Center Raleigh, NC 27699-3015
	3	Pay all provider invoices within thirty (30) calendar days after approval (effective 12/1/02)	Rick DeBell, Budget & Finance Team	(919) 733-7013 Rick.DeBell@ncmail.net	Budget & Finance Team 3013 Mail Service Center Raleigh, NC 27699-3013
	4	Submit annually evidence of a current valid Trading Partner Agreement (TPA) with the IPRS Fiscal Agent	Gary Imes, Information Systems Team	(919) 715-7774 Gary.Imes@ncmail.net	Information Systems Team 3019 Mail Service Center Raleigh, NC 27699-3019

Continued on next page

2002-2003 Performance Agreement Contact List

August 2003

The table below shows the Division Section or Team staff member to contact for information regarding the listed Section IV performance requirements and/or reports on those requirements.

Category	#	Section IV Requirement (abbreviated)	Division/ Team Contact Person	Phone/Email	Address
B. Accountability	1	Implement corrective actions and management improvements as required	Contact person for Section/Team issuing the corrective action		
	2	Maintain accreditation by the Council on Accreditation (COA), unless waived by the Division	Michael Byrne, Communications & Training Team	(919) 733-7011 Michael.Byrne@ncmail.net	Communications & Training Team 3022 Mail Service Center Raleigh, NC 27699-3022
	3	Submit timely and complete client data reports:			
		Client Data Warehouse (CDW)	Deborah Merrill, Information Systems Team	(919) 715-7774 Deborah.Merrill@ncmail.net	Information Systems Team 3019 Mail Service Center Raleigh, NC 27699-3019
		Client Outcomes Instrument (COI)	Deborah Merrill, Information Systems Team	(919) 715-7774 Deborah.Merrill@ncmail.net	Information Systems Team 3019 Mail Service Center Raleigh, NC 27699-3019
		NC Treatment Outcomes and Program Performance System (NCTOPPS) Assessment	Spencer Clark, Community Policy Management	(919) 733-4670 Spencer.Clark@ncmail.net	Community Policy Management 3007 Mail Service Center Raleigh, NC 27699-3007
		Participate in the Developmental Disabilities Core Indicator Project	Judy Bright, LME Systems Performance Team	(919) 715-1294 Judy.M.Bright@ncmail.net	LME Systems Performance Team 3015 Mail Service Center Raleigh, NC 27699-3015
		Local Community Collaboratives will submit CTSP waiting list data	Julie Hayes Seibert, Planning Team	(919) 733-7011 Julie.Seibert@ncmail.net	Planning Team 3003 Mail Service Center Raleigh, NC 27699-3003
		Maintain current, accurate computerized database reflecting content specified by the DD Section	Judy Bright, LME Systems Performance Team	(919) 715-1294 Judy.M.Bright@ncmail.net	LME Systems Performance Team 3015 Mail Service Center Raleigh, NC 27699-3015
		Complete the NC SNAPP	Judy Bright, LME Systems Performance Team	(919) 715-1294 Judy.M.Bright@ncmail.net	LME Systems Performance Team 3015 Mail Service Center Raleigh, NC 27699-3015
C. Client Rights and Relations	1	Administer the Division Client Satisfaction Survey to Mental Health and Substance Abuse clients	Deborah Merrill, Information Systems Team	(919) 715-7774 Deborah.Merrill@ncmail.net	Information Systems Team 3019 Mail Service Center Raleigh, NC 27699-3019
D. Access to Services	1	Provide access to services for eligible children in DSS custody	Julie Hayes Seibert, Planning Team	(919) 733-7011 Julie.Seibert@ncmail.net	Planning Team 3003 Mail Service Center Raleigh, NC 27699-3003
E. Service Delivery	1	Offer appointment to see individuals who choose the Area Program for follow-up care within 5 working days after notification to the AP of discharge from state hospitals or ADATCs			
		Adult Mental Health	Bonnie Morell, Best Practice Team	(919) 715-2774 Bonnie.Morell@ncmail.net	Best Practice Team 3005 Mail Service Center Raleigh, NC 27699-3005
		Substance Abuse Services	Doug Baker, State Operated Services Team	(919) 733-3654 Doug.Baker@ncmail.net	State Operated Services Team 3006 Mail Service Center Raleigh, NC 27699-3006

PA 02-03 Contact List, Q4

Reports on the
Area Program/County Performance Requirements
of the
2002-2003 Performance Agreements

2002-2003 Performance Agreement
Fourth Quarter Report
April 1, 2003 - June 30, 2003

Fiscal Management 1

Performance Requirement: Maintain responsible accounting, reimbursement and financial management practices so as to provide continuous unrestricted fund balance of at least one month's operational costs and to assure consistent availability of services to clients within overall funding levels. For single counties that do not provide fund balances, county managers should provide sufficient financial backing for the program to assure consistent availability of services to clients within overall funding levels.

This requirement will be measured,
monitored and reported on through the
pertinent performance requirements under
Fiscal Management 2

FM1-MaintainRespPractices, Q4

2002-2003 Performance Agreement
Fourth Quarter Report
April 1, 2003 - June 30, 2003

Fiscal Management 2

Performance Requirement: Submit all reports required by law, regulations or DHHS by assigned due dates in acceptable quality and comply with all the performance indicators that are tracked in the reports: Quarterly Fiscal Monitoring Reports

Explanation: This report lists Area Program status regarding submission of required quarterly fiscal monitoring reports through the fourth quarter FY 2002-2003

Area Program/County	1st Qtr FY 02-03 Report Received	2nd Qtr FY 02-03 Report Received	3rd Qtr FY 02-03 Report Received	4th Qtr FY 02-03 Cash-Basis Report Received	4th Qtr FY 02-03 Accrual-Basis Report Received	Comments
Alamance-Caswell	✓	✓	✓			
Albemarle	✓	✓	✓			
Blue Ridge	✓	✓	✓			
Catawba	✓	✓	✓			
CenterPoint	✓	✓	✓			
Crossroads	✓	✓	✓			
Cumberland	✓	✓	✓			
Davidson	✓	✓	✓			
Duplin-Sampson-Lenoir	✓	✓	✓			
Durham	✓	✓	✓			
Edgecombe-Nash	✓	✓	✓			
Foothills	✓	✓	✓			
Guilford	✓	✓	✓			
Johnston	✓	✓	✓			
Lee-Harnett	✓	✓	✓			
Mecklenburg	✓	✓	✓			
Neuse	✓	✓	✓			
New River	✓	✓	✓			
Onslow	✓	✓	✓			
Orange-Person-Chatham	✓	✓	✓			
Pathways	✓	✓	✓			
Piedmont	✓	✓	✓			
Pitt	✓	✓	✓			
Randolph	✓	✓	✓			
RiverStone	✓	✓	✓			
Roanoke-Chowan	✓	✓	✓			
Rockingham	✓	✓	✓			
Rutherford-Polk	✓	✓	✓			
Sandhills	✓	✓	✓			
Smoky Mountain	✓	✓	✓			
Southeastern Center	✓	✓	✓			
Southeastern Regional	✓	✓	✓			
Tideland	✓	✓	✓			
Trend	✓	✓	✓			
Vance-Granville-Franklin-Warren	✓	✓	✓			
Wake	✓	✓	✓			
Wayne	✓	✓	✓			
Wilson-Greene	✓	✓	✓			

Quarterly fiscal monitoring reports are not due until the end of the month after the close of the quarter

FM2- QFiscal Monitoring Report, Q4

2002-2003 Performance Agreement
Fourth Quarter Report
April 1, 2003 - June 30, 2003

Fiscal Management 2

Performance Requirement: Submit all reports required by law, regulations or DHHS by assigned due dates in acceptable quality and comply with all the performance indicators that are tracked in the reports: **Revenue Adjustment Reports**

The Division Budget Office is currently working with the DHHS Controller's Office to work out reporting protocols appropriate to the cumulative nature of Area Program Revenue Adjustment Reports

2002-2003 Performance Agreement
Year-End Report
January 1, 2003 – June 30, 2003

Fiscal Management 2

Performance Requirement: Submit all reports required by law, regulations or DHHS by assigned due dates in acceptable quality and comply with all the performance indicators that are tracked in the reports: **Semi-Annual SAPTBG Compliance Report: Mid-Year and Year-End**

AREA PROGRAM/COUNTY	Criterion 1		Criterion 2		Criterion 3		Criterion 4		
	Receipt of Report from Area Program (Date Received)		Timeliness of Receipt of Report (Yes/No)		Completeness of Report (Yes/No)		Compliance with 48 Hour Per Report Period Synar Activity (Yes/No)		
	Mid-Year	Year-End	Mid-Year	Year-End	Mid-Year	Year-End	Mid-Year	Year-End	Combined
# and % of Area Programs Meeting Each Criterion (Reflected as "Date" or "Yes")	37	38	29	34	37	38	32	30	34
	97%	100%	76%	89%	97%	100%	84%	79%	89%
# and % of Area Programs Not Meeting Each Criterion (Reflected as "None" or "No")	1	0	9	4	1	0	6	8	4
	3%	0%	24%	11%	3%	0%	16%	21%	11%
Alamance-Caswell	1/17	7/21	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Albemarle	1/22	7/21	No	Yes	Yes	Yes	Yes	Yes	Yes
Blue Ridge	1/24	7/24	No	No	Yes	Yes	Yes	No	No
Catawba	1/17	7/21	Yes	Yes	Yes	Yes	Yes	Yes	Yes
CenterPoint	1/20	7/21	Yes	Yes	Yes	Yes	No	No	No
Crossroads	1/17	7/21	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Cumberland	1/17	7/18	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Davidson	1/17	7/15	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Duplin-Sampson-Lenoir	1/20	7/21	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Durham	1/24	7/21	No	Yes	Yes	Yes	Yes	Yes	Yes
Edgecombe-Nash	1/22	7/18	No	Yes	Yes	Yes	Yes	Yes	Yes
Foothills	1/22	7/21	No	Yes	Yes	Yes	No	Yes	Yes
Guilford	1/20	7/18	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Johnston	1/18	7/28	Yes	No	Yes	Yes	Yes	Yes	Yes
Lee-Harnett	1/20	7/21	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Mecklenburg	1/20	7/21	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Neuse	1/20	7/21	Yes	Yes	Yes	Yes	Yes	No	Yes
New River	1/16	7/17	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Onslow	1/20	7/21	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Orange-Person-Chatham	1/20	7/21	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Pathways	1/17	7/21	Yes	Yes	Yes	Yes	No	Yes	Yes
Piedmont	1/21	7/21	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Pitt	1/20	7/16	Yes	Yes	Yes	Yes	Yes	No	Yes
Randolph	1/20	7/21	Yes	Yes	Yes	Yes	Yes	Yes	Yes
RiverStone	1/20	7/21	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Roanoke-Chowan	1/20	7/21	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Rockingham	1/31	7/21	No	Yes	Yes	Yes	Yes	Yes	Yes
Rutherford-Polk	None	7/29	No	No	No	Yes	No	No	No
Sandhills	1/17	7/21	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Smoky Mountain	1/27	7/21	No	Yes	Yes	Yes	No	No	No
Southeastern Center	1/17	7/21	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Southeastern Regional	1/20	7/21	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Tideland	1/29	7/21	No	Yes	Yes	Yes	Yes	Yes	Yes
Trend	1/20	7/25	Yes	No	Yes	Yes	Yes	No	Yes
V-G-F-W	1/16	7/7	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Wake	1/20	7/21	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Wayne	1/20	7/28	Yes	No	Yes	Yes	No	No	No
Wilson-Greene	1/17	7/21	Yes	Yes	Yes	Yes	Yes	Yes	Yes

*Report revisions are designated in bold and are based on Mid-Year Report data received after January 30, 2003.

I. Performance Agreement Requirement under Fiscal Management 2

The Semi-Annual Substance Abuse Prevention and Treatment Block Grant (SAPTBG) Compliance Report is to be completed by designated area program staff according to written instructions provided with the report form. Semi-Annual Reports are to be submitted to the Substance Abuse Services Section to the attention of Terrie Qadura, SAPTBG Report Coordinator, at 3007 Mail Service Center, Raleigh, NC 27699-3007 or to Suite 1168, Albemarle Building, 325 N. Salisbury Street, Raleigh, NC 27603. Questions about Report completion may be directed to Terrie Qadura or Spencer Clark at (919) 733-0696.

II. Description of SAS Review Summary of Area Program Compliance with Division SFY 02-03 Performance Agreement: Semi-Annual SAPTBG Compliance Report

The SAS Review Summary of Area Program Compliance for the Substance Abuse Prevention and Treatment Block Grant (SAPTBG) has been developed to provide information about area program compliance with designated criteria that have been selected for the Substance Abuse Prevention and Treatment Block Grant Initiative for SFY 02-03. Evaluation of compliance on individual criterion has been determined through comparison of the area program's documentation on the Semi-Annual Report for the report period for each of the following criterion.

Criterion 1: Receipt of Report from Area Program

Receipt of Report from Area Program will be determined on the basis of whether a report has been received by the SAS Section State Office prior to the date of the SAS Review Summary completion and submission to the Division's Program Evaluation Branch. **Meeting of Criterion** is reflected by the listing of a "Date" that the report was received. **Not Meeting of Criterion** is reflected by the designation of "None". **Report revisions are designated in bold and are based on Mid-Year Report data received after January 30, 2003.**

Criterion 2: Timeliness of Receipt of Report

The SFY 2002-2003 Semi-Annual SAPTBG Compliance Report Mid-Year Report for the period of July 1, 2002 through December 31, 2002 is due to the Substance Abuse Services Section on January 20, 2003.

The SFY 2002-2003 Semi-Annual SAPTBG Compliance Report Year-End Report for the period from January 1, 2003 through June 30, 2003 is due to the Substance Abuse Services Section on July 20, 2003.

Meeting of Criterion is reflected by the designation of "Yes". **Not Meeting of Criterion** is reflected by the designation of "No". **Report revisions are designated in bold and are based on Mid-Year Report data received after January 30, 2003.**

Timeliness of report receipt will be determined on the basis of whether submission to Terrie Qadura in the SAS State Office has been as follows:

- Receipt by US Mail, commercial carrier, or courier not later than by 5:00 pm on the due date; or
- Receipt by E-Mail to **Terrie.Qadura@ncmail.net** not later than by 5:00 pm on the due date; or
- Receipt by fax to Terrie Qadura at (919) 733-9455 not later than by 5:00 pm on the due date, with verbal confirmation by the program with Terrie Qadura at (919) 733-0696 of actual report receipt.

Note: If an area program report Due Date falls on a Saturday, Sunday, or Holiday, the report will be considered timely by the Substance Abuse Services Section if received by 5:00 pm on the immediately following business day.

Criterion 3: Completeness of Entries of Report

Completeness of report will be determined on the basis of submission to the SAS State Office with full data and complete service activity for all applicable time periods and report sections. **Meeting of Criterion** is reflected by the designation of "Yes". **Not Meeting of Criterion** is reflected by the designation of "No". **Report revisions are designated in bold and are based on Mid-Year Report data received after January 30, 2003.**

Criterion 4: Compliance with 48-Hour Per Report Period Synar Activity

Meeting of Criterion is reflected by the designation of "Yes". **Not Meeting of Criterion** is reflected by the designation of "No". **Report revisions are designated in bold and are based on Mid-Year Report data received after January 30, 2003.**

Compliance with Synar Activity for FY 02-03 will be determined as follows:

- For the Mid-Year Report, a minimum of 48 hours of allowable activity must be documented for the 1st six-month reporting period.
- For the Year-End Report, a minimum of 48 hours of allowable activity must be documented for the 2nd six-month reporting period.
- For the Combined Report for the 12-month period, a minimum of 96 hours during the 12-month period must be documented.

2002-2003 Performance Agreement
Fourth Quarter Report
April 1, 2003 – June 30, 2003

Fiscal Management 2

Performance Requirement: Submit all reports required by law, regulations or DHHS by assigned due dates in acceptable quality and comply with all the performance indicators that are tracked in the reports: Substance Abuse/Juvenile Justice Initiative Quarterly Report

AREA PROGRAM/ COUNTY	SA/JUVENILE JUSTICE PROGRAM	Criterion 1				Criterion 2				Criterion 3			
		Receipt of Report from Area Program (Date Received)				Timeliness of Receipt of Report (Yes/No)				Completeness of Report (Yes/No)			
		Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4
# and % of Area Programs Meeting Criterion	Meeting Criterion Reflected by Date or 'Y'	34	33	34	31	29	25	24	28	34	33	34	31
		100 %	97 %	97 %	91 %	85 %	74 %	69 %	82 %	100 %	97 %	97 %	91 %
# and % of Area Programs Not Meeting Criterion	Not Meeting Criterion Reflected by 'None' or 'N'	0	1	1	3	5	9	11	6	0	1	1	3
		0 %	3 %	3 %	9 %	15 %	26 %	31 %	18 %	0 %	3 %	3 %	9 %
Alamance-Caswell	MAJORS	10/18	1/17	4/23	N	Y	Y	N	N	Y	Y	Y	N
Albemarle	Multi-Purpose GH	10/18	1/20	4/24	7/21	Y	Y	N	Y	Y	Y	Y	Y
Blue Ridge	Juvenile Detention	10/14	1/17	4/9	7/17	Y	Y	Y	Y	Y	Y	Y	Y
	Youth Develop. Ctr.	10/14	1/17	4/9	7/17	Y	Y	Y	Y	Y	Y	Y	Y
	BRIDGE Program	10/14	1/17	4/9	7/17	Y	Y	Y	Y	Y	Y	Y	Y
CenterPoint	Juvenile Detention	10/21	1/30	4/22	N	Y	N	N	N	Y	Y	Y	N
	MAJORS	10/21	1/30	4/22	N	Y	N	N	N	Y	Y	Y	N
Cumberland	Juvenile Detention	10/17	1/14	4/16	7/16	Y	Y	Y	Y	Y	Y	Y	Y
	MAJORS	10/17	1/14	4/16	7/16	Y	Y	Y	Y	Y	Y	Y	Y
Durham	Juvenile Detention	10/29	1/27	4/24	7/25	N	N	N	N	Y	Y	Y	Y
	MAJORS	10/7	1/7	4/16	7/7	Y	Y	Y	Y	Y	Y	Y	Y
Foothills	Juvenile Detention	NA	NA	4/28	7/21	NA	NA	N	Y	NA	NA	Y	Y
Guilford	Juvenile Detention	10/18	1/20	4/14	7/21	Y	Y	Y	Y	Y	Y	Y	Y
	MAJORS	10/19	1/22	4/15	7/7	Y	N	Y	Y	Y	Y	Y	Y
Lenoir	Youth Develop. Ctr.	10/16	1/20	4/16	7/16	Y	Y	Y	Y	Y	Y	Y	Y
Mecklenburg	Juvenile Detention	10/18	1/20	4/21	7/21	Y	Y	Y	Y	Y	Y	Y	Y
Neuse	Multi-Purpose GH	10/23	1/16	4/9	7/17	Y	Y	Y	Y	Y	Y	Y	Y
	MAJORS	10/23	1/16	4/9	7/17	Y	Y	Y	Y	Y	Y	Y	Y
Pathways	Juvenile Detention	10/21	1/15	4/22	7/21	Y	Y	N	Y	Y	Y	Y	Y
Piedmont	Youth Develop. Ctr.	10/18	1/20	4/21	7/18	Y	Y	Y	Y	Y	Y	Y	Y
	MAJORS	10/18	1/20	4/21	7/18	Y	Y	Y	Y	Y	Y	Y	Y
Pitt	Juvenile Detention	10/15	1/20	4/16	7/16	Y	Y	Y	Y	Y	Y	Y	Y
	MAJORS	10/18	1/20	4/17	7/16	Y	Y	Y	Y	Y	Y	Y	Y
Roanoke-Chowan	Multi-Purpose GH	10/18	1/27	4/28	7/17	Y	N	N	Y	Y	Y	Y	Y
Rockingham	MAJORS	10/23	1/22	4/25	7/25	N	N	N	N	Y	Y	Y	Y
Sandhills	Juvenile Detention	10/23	1/3	4/16	7/21	N	Y	Y	Y	Y	Y	Y	Y
	Youth Develop. Ctr.	10/23	1/3	4/16	7/21	N	Y	Y	Y	Y	Y	Y	Y
	MAJORS	10/23	1/3	4/16	7/21	N	Y	Y	Y	Y	Y	Y	Y
Smoky Mountain	Multi-Purpose GH	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
SE Center	Juvenile Detention	10/16	1/14	4/21	7/21	Y	Y	Y	Y	Y	Y	Y	Y
SE Regional	Multi-Purpose GH	10/11	1/13	4/15	7/10	Y	Y	Y	Y	Y	Y	Y	Y
Tideland	MAJORS	10/18	1/29	4/17	1/17	Y	N	Y	Y	Y	Y	Y	Y
V-G-F-W	Youth Develop. Ctr.	10/16	1/27	5/22	7/15	Y	N	N	Y	Y	Y	N	Y
Wake	Juvenile Detention	10/18	1/20	4/24	7/21	Y	Y	N	Y	Y	Y	Y	Y
Y	MAJORS	10/18	1/20	4/21	7/21	Y	Y	Y	Y	Y	Y	Y	Y
Wayne	Multi-Purpose GH	10/15	1/27	4/17	7/23	Y	N	Y	N	Y	Y	Y	Y

*Report revisions are designated in bold and based on data received after the last Performance Agreement Quarterly Report.

I. Performance Agreement Requirement under Fiscal Management 2

The Substance Abuse/Juvenile Justice Initiative Quarterly Report is to be completed by designated area programs and contract agencies and submitted to the Community Policy Management (CPM) Section to the attention of Terrie Qadura, SA/JJ Initiative Quarterly Report Coordinator, at 3004 Mail Service Center, Raleigh, NC 27699-3004 or to Suite 634-G, Albemarle Building, 325 N. Salisbury Street, Raleigh, NC 27603. Questions about Report completion may be directed to Terrie Qadura at (919) 733-0696 or Helen Wolstenholme at (919) 715-2774.

II. Description of SAS Review Summary of Area Program Compliance with Division SFY 02-03 Performance Agreement: Substance Abuse/Juvenile Justice Initiative Quarterly Report

The SAS Review Summary for the Substance Abuse/Juvenile Justice Initiative Quarterly Report has been developed to provide information about area program and contract agency compliance with designated criteria that have been selected for these programs for SFY 02-03. Evaluation of compliance on individual criterion has been determined through comparison of the program's documentation on the Quarterly Reports for the report period for each of the following:

Criterion 1: Receipt of Report from Area Program

Receipt of Report from Area Program will be determined on the basis of whether a report has been received by the CPM Section State Office prior to the date of the CPM Review Summary completion and submission to the Division's Program Evaluation Branch.

Criterion 2: Timeliness of Receipt of Report

The applicable dates for the Substance Abuse/Juvenile Justice Initiative Quarterly Report of Area Program Compliance with Division SFY 2002-2003 Performance for the period of July 1, 2002 through June 30, 2003 are as follows:

Report Quarter: <u>1st</u>	Report Period: <u>07/01/02 – 9/30/02</u>	Due Date: <u>10/20/02</u>
Report Quarter: <u>2nd</u>	Report Period: <u>10/01/02 – 12/31/02</u>	Due Date: <u>01/20/03</u>
Report Quarter: <u>3rd</u>	Report Period: <u>01/01/03– 03/31/03</u>	Due Date: <u>04/20/03</u>
Report Quarter: <u>4th</u>	Report Period: <u>04/01/03 – 06/30/03</u>	Due Date: <u>07/20/03</u>

Timeliness of report receipt will be determined on the basis of whether submission to Terrie Qadura in the CPM Section State Office has been as follows:

- Receipt by US Mail, commercial carrier, or courier not later than by 5:00 pm on the due date; or
- Receipt by E-Mail to **Terrie.Qadura@ncmail.net** not later than by 5:00 pm on the due date; or
- Receipt by fax to **Terrie.Qadura** at (919) 715-2772 not later than by 5:00 on the due date, with verbal confirmation by the program with **Terrie.Qadura** at (919) 733-0696 of actual report receipt.

Note: If an area program report Due Date falls on a Saturday, Sunday, or Holiday, the report will be considered timely by the Community Policy Management Section if received by 5:00 pm on the immediately following business day.

Criterion 3: Completeness of Report

Completeness of report submission will be determined on the basis of submission to the CPM Section State Office with full data for all applicable report sections.

2002-2003 Performance Agreement
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Fiscal Management 2

Performance Requirement: Submit all reports required by law, regulations or DHHS by assigned due dates in acceptable quality and comply with all the performance indicators that are tracked in the reports: TANF/Work First Initiative Quarterly Reports

Area Program/County	Criterion 1:	Criterion 2:	Criterion 3:	Action:
	% Compliance with Receipt of Report(s) with Data for Each County of Area Program	% Compliance with Timeliness of Receipt of Report(s)	% Compliance with Completeness of Report(s)	Corrective Action Required of Area Program 30 Days From Receipt of Report
# of Area Programs Fully Meeting Each Criterion (100% Score)	16 or 100%	14 or 88%	15 or 94%	
# of Area Programs Not Fully Meeting Each Criterion (< 100% Score)	0 or 0%	2 or 12%	1 or 6%	
Blue Ridge	100%	0%	100%	
Catawba	100%	100%	100%	
CenterPoint	100%	100%	100%	
Cumberland	100%	100%	100%	
Davidson	100%	100%	100%	
Durham	100%	100%	100%	
Edgecombe-Nash	100%	100%	100%	
Johnston	100%	100%	100%	
Mecklenburg	100%	100%	100%	
Pathways	100%	100%	100%	
Pitt	100%	100%	100%	
Roanoke-Chowan	100%	100%	100%	
Southeastern Center	100%	100%	100%	
Southeastern Regional	100%	100%	75%	
Wake	100%	100%	100%	
Wayne	100%	0%	100%	

Performance Agreement Requirement under Fiscal Management 2

The Work First/Substance Abuse Quarterly Report is to be completed by the area program Qualified Substance Abuse Professional (QSAP) or designee for each county served by an area program participating in the Work First Substance Abuse Initiative according to written instructions provided with the report form. Quarterly Reports are to be submitted to the Community Policy Management Section to the attention of Kathy J. McNeill, Social Research Associate, at 3004 Mail Service Center, Raleigh, NC 27699-3004 or to Suite 634, Albemarle Building, 325 N. Salisbury Street, Raleigh, NC, 27603 (for Federal Express/overnight purposes only). Questions may be directed to Kathy McNeill or Helen Wolstenholme at (919) 715-2774.

SFY 01-02 Report Due Dates for Work First/Substance Abuse Quarterly Reports

Quarter 1: Report Period: July 1, 2002 - September 30, 2002	Due Date: October 20, 2002
Quarter 2: Report Period: October 1, 2002 - December 31, 2002	Due Date: January 20, 2003
Quarter 3: Report Period: January 1, 2003 - March 31, 2003	Due Date: April 20, 2003
Quarter 4: Report Period: April 1, 2003 - June 30, 2003	Due Date: July 20, 2003

Performance Agreement: Work First/Substance Abuse Quarterly Report

The CPM Review Summary of Area Program Compliance for the Work First/Substance Abuse Quarterly Report has been developed to provide feedback to area programs about their compliance with the Work First/Substance Abuse Initiative. Evaluation of compliance on individual criteria has been determined through comparison of the area program's documentation on the Quarterly Report(s) for the report period with each of these criteria.

Criterion 1: Receipt of Report by State Office

Receipt of Report(s) with Data for Each County of Area Program will be determined on the basis of whether a report for each county has been submitted to the Community Policy Management Section by the CPM Report Date. **Fully Meeting** criterion is reflected in a score of 100%. **Not Fully Meeting** criterion is reflected in a score of less than 100%.

Receipt of Report(s) with Data for Each County of Area Program will be determined on the basis of whether a report for each county has been submitted to the Community Policy Management Section by the CPM Report Date. Fully meeting criterion is reflected in a score of 100%. Not fully meeting criteria is reflected in a score of less than 100%.

Timeliness of report receipt will be determined on the basis of whether submission to Kathy McNeill in the CPM Office has been as follows:

- ◆ Receipt by US Mail, commercial carrier, or courier not later than by 5:00 PM on due date
- ◆ Receipt by e-mail to Kathy.McNeill@ncmail.net not later than by 5:00 PM on due date; or
- ◆ Receipt by fax to [Kathy McNeill at \(919\) 715-3604](tel:(919)715-3604) by 5:00 PM on due date, with verbal confirmation by the program with Kathy McNeill at (919) 733-0696 of actual report receipt

Fully Meeting criterion is reflected in a score of 100%. **Not Fully Meeting** criteria is reflected in a score of less than 100%.

***Note: If an area program report Due Date falls on a Saturday, Sunday, or holiday, the report will be considered timely by the CPM Section if received by 5:00 PM on the immediate following business day.

Criterion 3: Completeness of Report Submission

Completeness of report submission will be determined on the basis of submission to the CPM Office as follows:

- ◆ Provision of information is identifiable for full area program or by county served -- reports will be identifiable by individual County-Based Service Unit; and
- ◆ Provision of information is identifiable by calendar month; and
- ◆ Provision of full data and complete service activity is included. **Fully Meeting** criterion is reflected in a score of 100%.

Any area program not meeting Criterion 1 through lack of submission of the required Quarterly Report(s) will be required as a Corrective Action to submit the required 4th Quarter Report for all counties to the Community Policy Management Section by September 29, 2003. Corrective Action(s) are to be directed to the attention of Kathy J. McNeill, Social Research Associate, at 3004 Mail Service Center, Raleigh, NC 27699-3004 or to Suite 634, Albemarle Building, 325 N. Salisbury Street, Raleigh, NC, 27603 (for Federal Express/overnight purposes only). Any questions about Corrective Action(s) required may be directed to Helen Wolstenholme at (919) 715-2774.

Note Regarding Circumstances for Approval of Report Due Date Extension

It is the expectation in the Division Performance Agreement that area programs will routinely submit timely and complete reports to the CPM Section that provide evidence of compliance with program requirements. In the event of unforeseen difficulties in meeting timely completion and/or submission of reports due to extraordinary circumstances such as a declared emergency or natural disaster, programs may be considered for an extension through receipt of a written request by Helen Wolstenholme no later than 7 days prior to the original report due date with explanation of circumstances. Written approval of a due date extension may be granted by Helen Wolstenholme after consultation with State office staff.

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Fiscal Management 2

Performance Requirement: Submit all reports required by law, regulations or DHHS by assigned due dates in acceptable quality and comply with all the performance indicators that are tracked in the reports: Volume of service reports for regular UCR

The Division Budget Office is currently working with the DHHS Controller's Office to work out reporting protocols appropriate to the cumulative nature of Area Program Volume of Service Reports

FM2-VOS RegularUCR,Q4

2002-2003 Performance Agreement
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Fiscal Management 2

Performance Requirement: Submit all reports required by law, regulations or the DHHS by assigned due dates in acceptable quality and comply with all the performance indicators that are tracked in the reports: Volume of service reports for Comprehensive Treatment Services Program UCR

Area Program/County	Percent of UCR Budget Earned
Statewide	93%
Alamance-Caswell	99%
Albemarle	98%
Blue Ridge	100%
Catawba	100%
CenterPoint	100%
Crossroads	97%
Cumberland	98%
Davidson	82%
Duplin-Sampson-Lenoir	82%
Durham	100%
Edgecombe-Nash	87%
Foothills	97%
Guilford	100%
Johnston	73%
Lee-Harnett	96%
Mecklenburg	97%
Neuse	100%
New River	56%
Onslow	100%
Orange-Person-Chatham	100%
Pathways	96%
Piedmont	100%
Pitt	59%
Randolph	100%
RiverStone	76%
Roanoke-Chowan	100%
Rockingham	100%
Rutherford-Polk	92%
Sandhills	100%
Smoky Mountain	100%
Southeastern Center	100%
Southeastern Regional	100%
Tideland	100%
Trend	100%
Vance-Granville-Franklin-Warren	68%
Wake	100%
Wayne	97%
Wilson-Greene	91%

2002-2003 Performance Agreement
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April 1, 2003 - June 30, 2003

Fiscal Management 2

Performance Requirement: Submit all reports required by law, regulations or DHHS by assigned due dates in acceptable quality and comply with all the performance indicators that are tracked in the reports: **Volume of service reports for UCR MR/MI**

Explanation: There is one part of the fiscal reporting measure for MR/MI Services: UCR receipts which is the amount of distinct months that the area program reported between July 2002 and June 2003. NOTE: MR/MI revenue adjustment is not factored into the Fiscal Compliance monitoring equation due to Controller's Office cost modeling that established net rates and does not require RA for services provided in SFY 03.

Area Program/County	Revenue Adjustment Months	UCR Bill Months	Total UCR Compliance	% Compliance
Alamance-Caswell	NA	12	12	100.00%
Albemarle	NA	12	12	100.00%
Blue Ridge	NA	12	12	100.00%
Catawba	NA	12	12	100.00%
CenterPoint	NA	7	7	58.33%
Crossroads	NA	12	12	100.00%
Cumberland	NA	12	12	100.00%
Davidson	NA	12	12	100.00%
Duplin-Sampson-Lenoir	NA	12	12	100.00%
Durham	NA	12	12	100.00%
Edgecombe-Nash	NA	12	12	100.00%
Foothills	NA	12	12	100.00%
Guilford	NA	12	12	100.00%
Johnston	NA	12	12	100.00%
Lee-Harnett	NA	12	12	100.00%
Mecklenburg	NA	12	12	100.00%
Neuse	NA	12	12	100.00%
New River	NA	12	12	100.00%
Onslow	NA	12	12	100.00%
O-P-C	NA	12	12	100.00%
Pathways	NA	12	12	100.00%
Piedmont	NA	12	12	100.00%
Pitt	NA	12	12	100.00%
Randolph	NA	12	12	100.00%
RiverStone	NA	12	12	100.00%
Roanoke-Chowan	NA	12	12	100.00%
Rockingham	NA	12	12	100.00%
Rutherford-Polk	NA	12	12	100.00%
Sandhills	NA	12	12	100.00%
Smoky Mountain	NA	12	12	100.00%
SE Center	NA	12	12	100.00%
SE Regional	NA	12	12	100.00%
Tideland	NA	12	12	100.00%
Trend	NA	12	12	100.00%
Tri-Alliance	NA	12	12	100.00%
V-G-F-W	NA	12	12	100.00%
Wake	NA	12	12	100.00%
Wayne	NA	12	12	100.00%
Wilson-Greene	NA	12	12	100.00%
Totals	NA	463	463	
State Average	NA	9.00	11.87	100.00%

FM2-MR-MI UCR, Q4

2002-2003 Performance Agreement
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April 1, 2003 - June 30, 2003

Accountability 1

Performance Requirement: Implement reasonable or agreed upon corrective actions and management improvements as required by the Secretary, the Division, or as committed to by the Area Program/County from audits, program reviews or quality improvement processes

Area Program/County	Number of Corrective Actions pending end of 4th quarter SFY 02-03 *	Number of Corrective Actions pending end of 3rd quarter SFY 02-03	Number of Corrective Actions pending end of 2nd quarter SFY 02-03	Number of Corrective Actions pending end of 1st quarter SFY 02-03
Alamance-Caswell	1	1	5	4
Albemarle	0	1	2	2
Blue Ridge	0	0	4	4
Catawba	1	0	0	0
CenterPoint	0	5	6	5
Crossroads	4	2	4	2
Cumberland	0	0	0	0
Davidson	2	1	5	4
Duplin-Sampson-Lenoir	2	2	5	3 (1 D-S; 2 Lenoir)
Durham	1**	2	2	2
Edgecombe-Nash	1	1	1	1
Foothills	7	6	16	14
Guilford	0	1	7	5
Johnston	0	0	0	1
Lee-Harnett	0	0	6	3
Mecklenburg	9	6	12	8
Neuse	0	3	4	3
New River	2**	5	9	9
Onslow	4	5	8	8
Orange-Person-Chatham	1	2	5	3
Pathways	0	0	1	0
Piedmont	3	2	7	5
Pitt	0	3	5	4

Area Program/County	Number of Corrective Actions pending end of 4th quarter SFY 02-03 *	Number of Corrective Actions pending end of 3rd quarter SFY 02-03	Number of Corrective Actions pending end of 2nd quarter SFY 02-03	Number of Corrective Actions pending end of 1st quarter SFY 02-03
Randolph	0	0	3	1
RiverStone	5	3	5	4
Roanoke-Chowan	0	0	0	0
Rockingham	0**	2	6	7
Rutherford-Polk	7**	11	16	16
Sandhills	0	1	2	2
Smoky Mountain	0	3	3	2
Southeastern Center	0	1	3	4
Southeastern Regional	5**	6	12	10
Tideland	6	5	8	6
Trend	1	2	1	0
V-G-F-W	0	3	4	2
Wake	0	1	5	6
Wayne	5	8	12	9
Wilson-Greene	0	0	0	0
Statewide Average	1.76	2.47	5.11	4.08

* Particulars for the individual Area Programs/Counties are presented on the following pages

**The Division did not report on the status of corrective actions issued by the former Substance Abuse Services Section that were pending for this Area Program as of the end of the 3rd quarter. The actions are, therefore, excluded from the end of the 4th quarter data and reports.

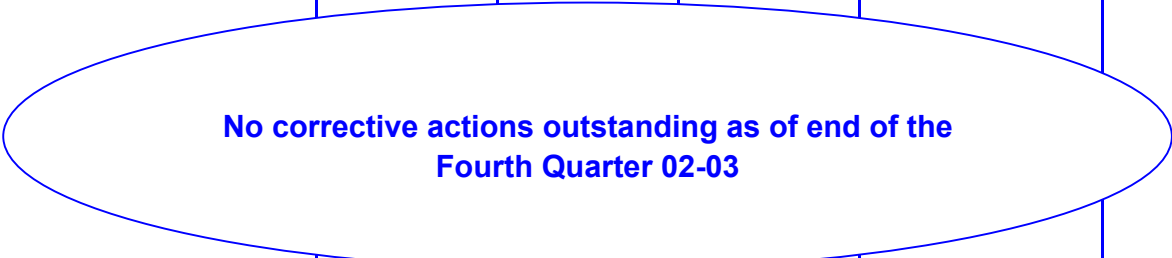
**Accountability 1
Alamance-Caswell**

Corrective Actions as of the End of the Fourth Quarter 2002-2003

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
02-03 Performance Agreement 3rd Quarter	Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 20,2003	Data Operations Branch	05/20/2003			06/30/2003	Missing Substance Abuse Data Exceeds 10% (Drug of Choice).
02-03 Performance Agreement 4th Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 20, 2003.	Data Operations Branch	09/20/2003				71% of the expected number of initial COI's were submitted for the time 01/01/03 - 03/31/03.

**Accountability 1
Albemarle**

Corrective Actions as of the End of the Fourth Quarter 2002-2003

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
02-03 Performance Agreement 3rd Quarter	Accountability 3 (Waitlist): Required Corrective Action is to submit the missing third quarter 02-03 CTSP Waitlist information for Albemarle Area Program by June 15, 2003.	Child and Family Services	06/15/2003	04/23/2003	04/23/2003	04/23/2003	Resolved
	 <p>No corrective actions outstanding as of end of the Fourth Quarter 02-03</p>						

**Accountability 1
Blue Ridge**

Corrective Actions as of the End of the Fourth Quarter 2002-2003

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments

Accountability 1 Catawba

Corrective Actions as of the End of the Fourth Quarter 2002-2003

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
02-03 Performance Agreement 4th Quarter	Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 20,2003	Data Operations Branch	09/20/2003				Missing Substance Abuse Data Exceeds 10% (Service Type, Methadone, UFDS).

Accountability 1 Crossroads

Corrective Actions as of the End of the Fourth Quarter 2002-2003

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
02-03 Performance Agreement 2nd Quarter	Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of February 20,2003	Data Operations Branch	02/20/2003	03/31/2003			Missing Substance Abuse Data Exceeds 10% (Drug of Choice, Service Type, Methadone, UFDS Code).
02-03 Performance Agreement 3rd Quarter	Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 20,2003	Data Operations Branch	05/20/2003	06/17/2003			Missing Substance Abuse Data Exceeds 10% (Drug of Choice, Service Type, Methadone, UFDS Code).
02-03 Performance Agreement 4th Quarter	Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 20,2003	Data Operations Branch	09/20/2003				Missing Substance Abuse Data Exceeds 10% (Drug of Choice, Service Type, Methadone, UFDS).
02-03 Performance Agreement 4th Quarter	Accountability3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 20, 2003.	Data Operations Branch	09/20/2003				Missing Diagnoses Exceeds 10% (Principal, Primary).

Accountability 1 Cumberland

Corrective Actions as of the End of the Fourth Quarter 2002-2003

[illegible]

Accountability 1 Davidson

Corrective Actions as of the End of the Fourth Quarter 2002-2003

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
02-03 Performance Agreement 4th Quarter	Accountability 3 (Waitlist): Required Corrective Action is to submit the missing third quarter 02-03 CTSP Waitlist information for Davidson Area Program by September 15, 2003.	Child and Family Services	09/15/2003				
02-03 Performance Agreement 1st Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 15, 2002.	Data Operations Branch	11/15/2002	12/15/2002		06/30/2003	90% of the expected number of initial COI's were submitted for the time 04/01/02 - 06/30/02. TO BE DETERMINED BY DIVISION STAFF
02-03 Performance Agreement 4th Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 20, 2003.	Data Operations Branch	09/20/2003				80% of the expected number of initial COI's were submitted for the time 01/01/03-03/31/03.

**Accountability 1
Duplin-Sampson-Lenoir**

Corrective Actions as of the End of the Fourth Quarter 2002-2003

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
02-03 Performance Agreement 1st Quarter (Lenoir)	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 15, 2002.	Data Operations Branch	11/15/2002			06/30/2003	90% of the expected number of initial COI's were submitted for the time 04/01/02 - 06/30/02
02-03 Performance Agreement 3rd Quarter	Accountability3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 20, 2003.	Data Operations Branch	05/20/2003			06/30/2003	Missing Diagnoses Exceeds 10% (Principal, Primary).
02-03 Performance Agreement 4th Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 20, 2003.	Data Operations Branch	09/20/2003				67% of the expected number of initial COI's were submitted for the time 01/01/03 - 03/31/03.
02-03 Performance Agreement 4th Quarter	Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 20,2003	Data Operations Branch	09/20/2003				Missing Substance Abuse Data Exceeds 10% (Service Type, Methadone, UFDS).

Accountability 1 Durham

Corrective Actions as of the End of the Fourth Quarter 2002-2003

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
02-03 Performance Agreement 3rd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 20, 2003.	Data Operations Branch	05/20/2003	06/18/2003		06/30/2003	90% of the expected number of initial COI's were submitted for the time 10/01/02 - 12/31/02
02-03 Performance Agreement 4th Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 20, 2003.	Data Operations Branch	09/20/2003				46% of the expected number of initial COI's were submitted for the time 01/01/03 - 03/31/03.

**Accountability 1
Edgecombe-Nash**

Corrective Actions as of the End of the Fourth Quarter 2002-2003

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
02-03 Performance Agreement 3rd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 20, 2003.	Data Operations Branch	05/20/2003	06/13/2003		06/30/2003	95% of the expected number of initial COI's were submitted for the time10/01/02 -12/31/02
02-03 Performance Agreement 4th Quarter	Accountability3: No data submitted to the Client Data Warehouse Quarter 4 (June). Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 20, 2003.	Data Operations Branch	09/20/2003				No data submission for Quarter 4 (June).

Accountability 1 Foothills

Corrective Actions as of the End of the Fourth Quarter 2002-2003

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
02-03 Performance Agreement 4th Quarter	Accountability 3 (Waitlist): Required Corrective Action is to submit the missing third quarter 02-03 CTSP Waitlist information for Foothills Area Program by September 15, 2003.	Child and Family Services	09/15/2003				
01-02 Performance Agreement 2nd Quarter	Client Rights and Relations 1: Expected number of Consumer Satisfaction Surveys forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002	04/12/2002	01/01/2003	100% of the expected number of the Consumer Satisfaction Surveys were received by 11/16/01
02-03 Performance Agreement 3rd Quarter	Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 20, 2003.	Data Operations Branch	05/20/2003	06/20/2003			Missing Substance Abuse Data Exceeds 10% (Drug of Choice, Service Type, Methadone, UFDS Code).
02-03 Performance Agreement 3rd Quarter	Accountability3: Accountability measures for the CDW related to missing required data fields exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 20, 2003.	Data Operations Branch	05/20/2003	06/20/2003			Missing Required Data Fields Exceeds 10% (Employment Status, Ability To Pay, EAP, and Education).
02-03 Performance Agreement 3rd Quarter	Accountability3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 20 2003.	Data Operations Branch	05/20/2003	06/20/2003			Missing Diagnoses Exceeds 10% (Principal).

Accountability 1

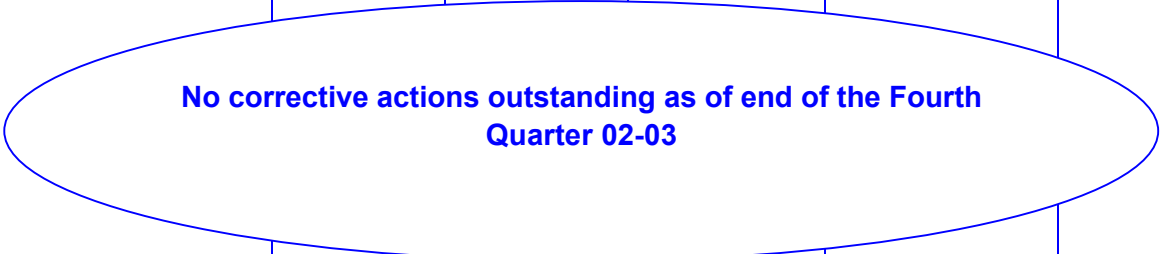
Foothills

Corrective Actions as of the End of the Fourth Quarter 2002-2003

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
02-03 Performance Agreement 3rd Quarter	Accountability 3: No data submitted to the Client Data Warehouse Quarter 2 (Oct., Nov. and Dec.). Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 20, 2003.	Data Operations Branch	05/20/2003	06/20/2003		06/20/2003	
02-03 Performance Agreement 3rd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 20, 2003.	Data Operations Branch	05/20/2003	06/20/2003		06/30/2003	100% of the expected number of initial COI's were submitted for the time 10/01/02 -12/31/02
02-03 Performance Agreement 4th Quarter	Accountability3: Accountability measures for the CDW related to missing required data fields exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 20, 2003.	Data Operations Branch	09/20/2003				Missing Required Data Fields Exceeds 10% (Employment Status, Ability To Pay, EAP, and Education).
02-03 Performance Agreement 4th Quarter	Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 20, 2003.	Data Operations Branch	09/20/2003				Missing Substance Abuse Data Exceeds 10% (Drug of Choice, Service Type, Methadone, UFDS).
02-03 Performance Agreement 4th Quarter	Accountability3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 20, 2003.	Data Operations Branch	09/20/2003				Missing Diagnoses Exceeds 10% (Principal, Primary).

Accountability 1 Guilford

Corrective Actions as of the End of the Fourth Quarter 2002-2003

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
02-03 Performance Agreement 1st Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 15, 2002.	Data Operations Branch	11/15/2002			06/30/2003	100% of the expected number of initial COI's were submitted for the time 04/01/02 - 06/30/02
	 <p>No corrective actions outstanding as of end of the Fourth Quarter 02-03</p>						

Accountability 1 Johnston

Corrective Actions as of the End of the Fourth Quarter 2002-2003

[illegible]

Accountability 1

Lee-Harnett

Corrective Actions as of the End of the Fourth Quarter 2002-2003

[illegible]

Accountability 1 Mecklenburg

Corrective Actions as of the End of the Fourth Quarter 2002-2003

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
02-03 Performance Agreement 3rd Quarter	Accountability 3 (Waitlist): Required Corrective Action is to submit the missing third quarter 02-03 CTSP Waitlist information for Mecklenburg Area Program by June 15, 2003.	Child and Family Services	06/15/2003	06/15/2003	06/15/2003	06/15/2003	Resolved
02-03 Performance Agreement 2nd Quarter	Accountability3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of February 20, 2003.	Data Operations Branch	02/20/2003				Missing Diagnoses Exceeds 10% (Principal, Primary).
02-03 Performance Agreement 2nd Quarter	Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of February 20, 2003	Data Operations Branch	02/20/2003				Missing Substance Abuse Data Exceeds 10% (Drug of Choice, Service Type, Methadone, UFDS Code).
02-03 Performance Agreement 3rd Quarter	Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 20, 2003	Data Operations Branch	05/20/2003	06/12/2003			Missing Substance Abuse Data Exceeds 10% (Drug of Choice, Service Type, Methadone, UFDS Code).

Accountability 1 Mecklenburg

Corrective Actions as of the End of the Fourth Quarter 2002-2003

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
02-03 Performance Agreement 3rd Quarter	Accountability3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 20, 2003.	Data Operations Branch	05/20/2003	06/12/2003			Missing Diagnoses Exceeds 10% (Principal, Primary).
02-03 Performance Agreement 3rd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 20, 2003.	Data Operations Branch	05/20/2003	06/12/2003			19% of the expected number of initial COI's were submitted for the time 10/01/02 -12/31/02
02-03 Performance Agreement 4th Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 20, 2003.	Data Operations Branch	09/20/2003				16% of the expected number of initial COI's were submitted for the time 01/01/03 -03/31/03
02-03 Performance Agreement 4th Quarter	Accountability3: No data submitted to the Client Data Warehouse Quarter 4 (April, May, June) for Facility Code 13101. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 20, 2003.	Data Operations Branch	09/20/2003				No data submission for facility code 13101for Quarter 4 (April, May, June).

Accountability 1 Mecklenburg

Corrective Actions as of the End of the Fourth Quarter 2002-2003

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
02-03 Performance Agreement 4th Quarter	Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 20,2003	Data Operations Branch	09/20/2003				Missing Substance Abuse Data Exceeds 10% (Drug of Choice, Service Type, Methadone, UFDS).
02-03 Performance Agreement 4th Quarter	Accountability3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 20, 2003.	Data Operations Branch	09/20/2003				Missing Diagnoses Exceeds 10% (Principal, Primary).

**Accountability 1
New River**

Corrective Actions as of the End of the Fourth Quarter 2002-2003

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
02-03 Performance Agreement 3rd Quarter	Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of may 20, 2003	Data Operations Branch	05/20/2003				Missing Substance Abuse Data Exceeds 10% (Drug of Choice, Service Type, Methadone, UFDS Code).
02-03 Performance Agreement 4th Quarter	Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 20,2003	Data Operations Branch	09/20/2003				Missing Substance Abuse Data Exceeds 10% (Drug of Choice, Service Type, Methadone, UFDS).

Accountability 1 Onslow

Corrective Actions as of the End of the Fourth Quarter 2002-2003

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
02-03 Performance Agreement 3rd Quarter	Accountability 3 (Waitlist): Required Corrective Action is to submit the missing third quarter 02-03 CTSP Waitlist information for Onslow Area Program by June 15, 2003.	Child and Family Services	06/15/2003	06/06/2003	06/06/2003	06/06/2003	Resolved
02-03 Performance Agreement 1st Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 15, 2002.	Data Operations Branch	11/15/2002	03/21/2003			60% of the expected number of initial COI's were submitted for the time 04/01/02 - 06/30/02
02-03 Performance Agreement 2nd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of February 20, 2003.	Data Operations Branch	02/20/2003	03/21/2003			61% of the expected number of initial COI's were submitted for the time 07/01/02 - 09/30/02
02-03 Performance Agreement 3rd Quarter	Accountability3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 20, 2003.	Data Operations Branch	05/20/2003				Missing Diagnoses Exceeds 10% (Principal, Primary).
02-03 Performance Agreement 3rd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 20, 2003.	Data Operations Branch	05/20/2003				45% of the expected number of initial COI's were submitted for the time 10/01/02 - 12/31/02

Accountability 1 Orange-Person-Chatham

Corrective Actions as of the End of the Fourth Quarter 2002-2003

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
02-03 Performance Agreement 3rd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 20, 2003.	Data Operations Branch	05/20/2003	06/18/2003		06/30/2003	90% of the expected number of initial COI's were submitted for the time 10/01/02 -12/31/02
02-03 Performance Agreement 3rd Quarter	Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 20, 2003.	Data Operations Branch	05/20/2003	06/18/2003		06/30/2003	Missing Substance Abuse Data Exceeds 10% (Drug of Choice).
02-03 Performance Agreement 4th Quarter	Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 20, 2003	Data Operations Branch	09/20/2003				Missing Substance Abuse Data Exceeds 10% (Drug of Choice, Service Type, Methadone, UFDS).

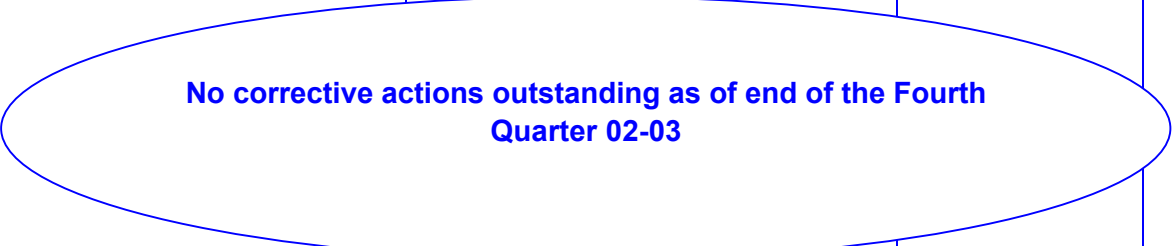
Accountability 1 Piedmont

Corrective Actions as of the End of the Fourth Quarter 2002-2003

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
02-03 Performance Agreement 1st Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 15, 2002.	Data Operations Branch	11/15/2002			06/30/2003	90% of the expected number of initial COI's were submitted for the time 04/01/02 - 06/30/02
02-03 Performance Agreement 3rd Quarter	Accountability 3: No data submitted to the Client Data Warehouse Quarter 2 (Oct., Nov. and Dec.). Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 30, 2003.	Data Operations Branch	05/20/2003	06/21/2003		06/21/2003	No data submission to the CDW for Quarter 3 (February & March.) FY 2003.
02-03 Performance Agreement 4th Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 20, 2003.	Data Operations Branch	09/20/2003				80% of the expected number of initial COI's were submitted for the time 01/01/03 -03/31/03
02-03 Performance Agreement 4th Quarter	Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 20,2003	Data Operations Branch	09/20/2003				Missing Substance Abuse Data Exceeds 10% (Service Type, Methadone, UFDS).
02-03 Performance Agreement 4th Quarter	Accountability3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 20, 2003.	Data Operations Branch	09/20/2003				Missing Diagnoses Exceeds 10% (Principal, Primary).

**Accountability 1
Pitt**

Corrective Actions as of the End of the Fourth Quarter 2002-2003

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
02-03 Performance Agreement 1st Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 15, 2002.	Data Operations Branch	11/15/2002			06/30/2003	90% of the expected number of initial COI's were submitted for the time 04/01/02 - 06/30/02
02-03 Performance Agreement 2nd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of February 20, 2003.	Data Operations Branch	02/20/2003			06/30/2003	97% of the expected number of initial COI's were submitted for the time 07/01/02 - 09/30/02
02-03 Performance Agreement 3rd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 20, 2003.	Data Operations Branch	05/20/2003			06/30/2003	90% of the expected number of initial COI's were submitted for the time 10/01/02 - 12/31/02.
	 <p>No corrective actions outstanding as of end of the Fourth Quarter 02-03</p>						

Accountability 1

Randolph

Corrective Actions as of the End of the Fourth Quarter 2002-2003

[illegible]

**Accountability 1
RiverStone**

Corrective Actions as of the End of the Fourth Quarter 2002-2003

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
02-03 Performance Agreement 2nd Quarter	Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of February 20,2003	Data Operations Branch	02/20/2003				Missing Substance Abuse Data Exceeds 10% (Drug of Choice, Service Type, Methadone, UFDS Code).
02-03 Performance Agreement 3rd Quarter	Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 20,2003	Data Operations Branch	05/20/2003				Missing Substance Abuse Data Exceeds 10% (Drug of Choice, Service Type, Methadone, UFDS Code).
02-03 Performance Agreement 3rd Quarter	Accountability3: Accountability measures for the CDW related to missing required data fields exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 20, 2003.	Data Operations Branch	05/20/2003				Missing Required Data Fields Exceeds 10% (Ability to Pay).
02-03 Performance Agreement 4th Quarter	Accountability3: Accountability measures for the CDW related to missing required data fields exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 20, 2003.	Data Operations Branch	09/20/2003				Missing Required Data Fields Exceeds 10% (Ability to Pay).
02-03 Performance Agreement 4th Quarter	Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 20,2003	Data Operations Branch	09/20/2003				Missing Substance Abuse Data Exceeds 10% (Drug of Choice, Service Type, Methadone, UFDS).

Roanoke-Chowan

Corrective Actions as of the End of the Fourth Quarter 2002-2003

[illegible]

Accountability 1 Rockingham

Corrective Actions as of the End of the Fourth Quarter 2002-2003

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
02-03 Performance Agreement 1st Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 15, 2002.	Data Operations Branch	11/15/2002	12/15/2002		06/30/2003	90% of the expected number of initial COI's were submitted for the time 04/01/02 - 06/30/02

No corrective actions outstanding as of end of the Fourth Quarter 02-03

**Accountability 1
Rutherford-Polk**

Corrective Actions as of the End of the Fourth Quarter 2002-2003

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 2nd Quarter	Client Rights and Relations 1: Expected number of Consumer Satisfaction Surveys forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002	04/12/2002	01/01/2003	100 % of the expected number of the Consumer Satisfaction Surveys were received by 11/16/01
02-03 Performance Agreement 1st Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 15, 2002.	Data Operations Branch	11/15/2002			06/30/2003	90% of the expected number of initial COI's were submitted for the time 04/01/02 - 06/30/02
02-03 Performance Agreement 1st Quarter	Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 15, 2002.	Data Operations Branch	11/15/2002			06/30/2003	Missing Substance Abuse Data Exceeds 10% (Drug of Choice Service Type, Methadone, UFDS Code).
02-03 Performance Agreement 2nd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of February 20, 2003.	Data Operations Branch	02/20/2003				71% of the expected number of initial COI's were submitted for the time 07/01/02 - 09/30/02
02-03 Performance Agreement 2nd Quarter	Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of February 20, 2003	Data Operations Branch	02/20/2003				Missing Substance Abuse Data Exceeds 10% (Drug of Choice, Service Type, Methadone, UFDS Code).

Accountability 1

Rutherford-Polk

Corrective Actions as of the End of the Fourth Quarter 2002-2003

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
02-03 Performance Agreement 3rd Quarter	Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 20, 2003	Data Operations Branch	05/20/2003				Missing Substance Abuse Data Exceeds 10% (Drug of Choice, Service Type, Methadone, UFDS Code).
02-03 Performance Agreement 3rd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 20, 2003.	Data Operations Branch	05/20/2003				60% of the expected number of initial COI's were submitted for the time 10/01/02 - 12/31/02
02-03 Performance Agreement 4th Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 20, 2003.	Data Operations Branch	09/20/2003				53% of the expected number of initial COI's were submitted for the time 01/01/03 -03/31/03
02-03 Performance Agreement 4th Quarter	Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 20,2003	Data Operations Branch	09/20/2003				Missing Substance Abuse Data Exceeds 10% (Drug of Choice, Service Type, Methadone, UFDS).
02-03 Performance Agreement 4th Quarter	Accountability3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 20, 2003.	Data Operations Branch	09/20/2003				Missing Diagnoses Exceeds 10% (Principal, Primary).

Accountability 1 Sandhills

Corrective Actions as of the End of the Fourth Quarter 2002-2003

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
02-03 Performance Agreement 3rd Quarter	Accountability 3 (Waitlist): Required Corrective Action is to submit the missing third quarter 02-03 CTSP Waitlist information for Sandhills Area Program by June 15, 2003.	Child and Family Services	06/15/2003	06/15/2003	06/15/2003	06/15/2003	Resolved
	<div> No corrective actions outstanding as of end of the Fourth Quarter 02-03 </div>						

Corrective Actions as of the End of the Fourth Quarter 2002-2003

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
02-03Performance Agreement 3rd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 20, 2003.	Data Operations Branch	05/20/2003			06/30/2003	93% of the expected number of initial COI's were submitted for the time 10/01/02 - 12/31/02.

Accountability 1 Southeastern Regional

Corrective Actions as of the End of the Fourth Quarter 2002-2003

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
02-03 Performance Agreement 1st Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 15, 2002.	Data Operations Branch	11/15/2002	12/15/2002		06/30/2003	90% of the expected number of initial COI's were submitted for the time 04/01/02 - 06/30/02
02-03 Performance Agreement 1st Quarter	Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 15, 2002.	Data Operations Branch	11/15/2002	12/15/2002		06/30/2003	Missing Substance Abuse Data Exceeds 10% (Drug of Choice Service Type, Methadone, UFDS Code).
02-03 Performance Agreement 2nd Quarter	Accountability3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of February 20, 2003.	Data Operations Branch	02/20/2003	02/26/2003			Missing Diagnoses Exceeds 10% (Principal, Primary).
02-03 Performance Agreement 3rd Quarter	Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 20, 2003.	Data Operations Branch	05/20/2003	06/18/2003			Missing Substance Abuse Data Exceeds 10% (Drug of Choice, Service Type, Methadone, UFDS Code).

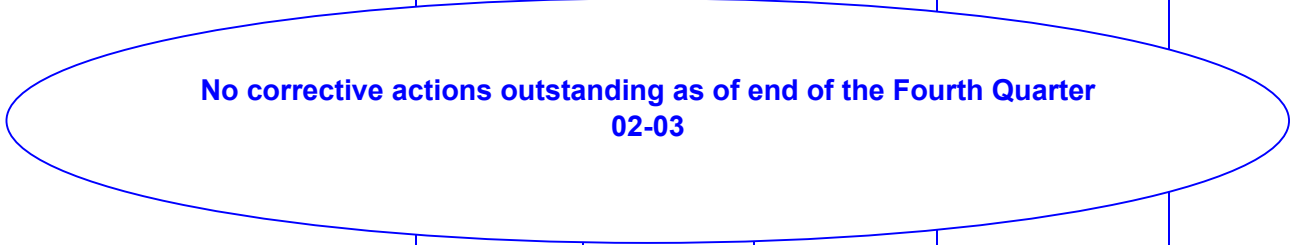
Accountability 1
Southeastern Regional

Corrective Actions as of the End of the Fourth Quarter 2002-2003

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
02-03 Performance Agreement 3rd Quarter	Accountability3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 20, 2003.	Data Operations Branch	05/20/2003	06/18/2003			Missing Diagnoses Exceeds 10% (Principal, Primary).
02-03 Performance Agreement 4th Quarter	Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 20,2003	Data Operations Branch	09/20/2003				Missing Substance Abuse Data Exceeds 10% (Drug of Choice, Service Type, Methadone, UFDS).
02-03 Performance Agreement 4th Quarter	Accountability3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 20, 2003.	Data Operations Branch	09/20/2003				Missing Diagnoses Exceeds 10% (Principal, Primary).

Accountability 1 Smoky Mountain

Corrective Actions as of the End of the Fourth Quarter 2002-2003

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
02-03 Performance Agreement 3rd Quarter	Accountability 3 (Waitlist): Required Corrective Action is to submit the missing third quarter 02-03 CTSP Waitlist information for Smoky Mountain Area Program by June 15, 2003.	Child and Family Services	06/15/2003	06/21/2003	06/21/2003	06/21/2003	Resolved
02-03 Performance Agreement 2nd Quarter	Client Rights and Relations 1: Expected number of Consumer Satisfaction Surveys forms not received. Corrective Action must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of February 20, 2003.	Data Operations Branch	02/20/2003			06/01/2003	90% of the expected number of the Consumer Satisfaction Surveys were received by 11/15/2002
02-03 Performance Agreement 3rd Quarter	Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 20, 2003	Data Operations Branch	05/20/2003	06/18/2003		06/30/2003	Missing Substance Abuse Data Exceeds 10% (Drug of Choice).
	 <p>No corrective actions outstanding as of end of the Fourth Quarter 02-03</p>						

Accountability 1 Tideland

Corrective Actions as of the End of the Fourth Quarter 2002-2003

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
02-03 Performance Agreement 3rd Quarter	Accountability 3 (Waitlist): Required Corrective Action is to submit the missing third quarter 02-03 CTSP Waitlist information for Tideland Area Program by June 15, 2003.	Child and Family Services	06/15/2003				
02-03 Performance Agreement 4th Quarter	Accountability 3 (Waitlist): Required Corrective Action is to submit the missing fourth quarter 02-03 CTSP Waitlist information for Tideland Area Program by September 15, 2003.	Child and Family Services	09/15/2003				
02-03 Performance Agreement 4th Quarter	Accountability 3 (Waitlist): Required Corrective Action is to submit the missing third quarter 02-03 CTSP Waitlist information for Tidelands Area Program by September 15, 2003.	Child and Family Services	09/15/2003				
01-02 Performance Agreement 2nd Quarter	Client Rights and Relations 1: Expected number of Consumer Satisfaction Surveys forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002	04/12/2002	01/01/2003	90% of the expected number of the Consumer Satisfaction Surveys were received by 11/16/01

**Accountability 1
Tideland**

Corrective Actions as of the End of the Fourth Quarter 2002-2003

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
02-03 Performance Agreement 1st Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 15, 2002.	Data Operations Branch	11/15/2002			06/30/2003	90% of the expected number of initial COI's were submitted for the time 04/01/02 - 06/30/02
02-03 Performance Agreement 2nd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of February 20, 2003.	Data Operations Branch	02/20/2003				12% of the expected number of initial COI's were submitted for the time 07/01/02 - 09/30/02
02-03 Performance Agreement 3rd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 20, 2003.	Data Operations Branch	05/20/2003				8% of the expected number of initial COI's were submitted for the time 10/01/02 - 12/31/02
02-03 Performance Agreement 4th Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 20, 2003.	Data Operations Branch	09/20/2003				8% of the expected number of initial COI's were submitted for the time 01/01/03 -03/31/03

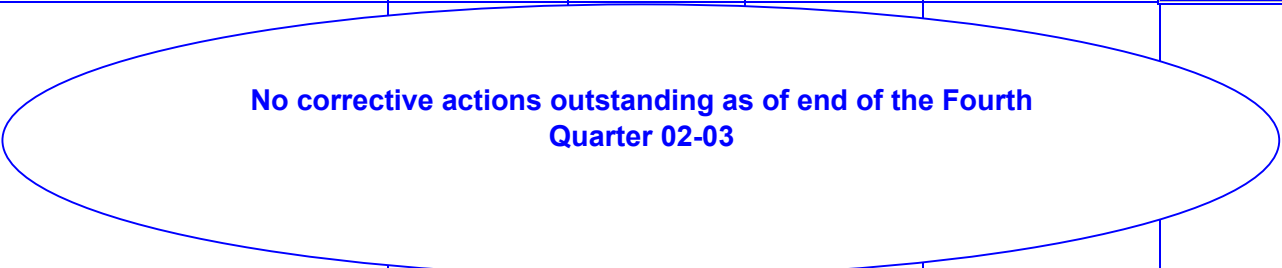
Accountability 1 Trend

Corrective Actions as of the End of the Fourth Quarter 2002-2003

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
02-03 Performance Agreement 2nd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of February 20, 2003.	Data Operations Branch	02/20/2003			06/30/2003	90% of the expected number of initial COI's were submitted for the time 07/01/02 - 09/30/02
02-03 Performance Agreement 3rd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 20, 2003.	Data Operations Branch	05/20/2003	06/24/2003		06/30/2002	90% of the expected number of initial COI's were submitted for the time 10/01/02 -12/31/02
02-03 Performance Agreement 4th Quarter	Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 20,2003	Data Operations Branch	09/20/2003				Missing Substance Abuse Data Exceeds 10% (Drug of Choice, Service Type, Methadone, UFDS).

Accountability 1
Vance-Warren-Granville-Franklin

Corrective Actions as of the End of the Fourth Quarter 2002-2003

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
02-03 Performance Agreement 2nd Quarter	Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of February 20,2003	Data Operations Branch	02/20/2003	03/31/2003		06/30/2003	Missing Substance Abuse Data Exceeds 10% (Drug of Choice).
02-03 Performance Agreement 3rd Quarter	Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 20, 2003	Data Operations Branch	05/20/2003	06/18/2003		06/30/2003	Missing Substance Abuse Data Exceeds 10% (Drug of Choice).
02-03 Performance Agreement 3rd Quarter	Accountability3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 20, 2003.	Data Operations Branch	05/20/2003	06/18/2003		06/30/2003	Missing Diagnoses Exceeds 10% (Principal, Primary).
	 <p>No corrective actions outstanding as of end of the Fourth Quarter 02-03</p>						

**Accountability 1
Wake**

Corrective Actions as of the End of the Fourth Quarter 2002-2003

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 2nd Quarter	Client Rights and Relations 1: Expected number of Consumer Satisfaction Surveys forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002	04/12/2002	01/01/2003	100 % of the expected number of the Consumer Satisfaction Surveys were received by 11/16/01. 407 of 731 expected surveys were returned on 01/11/02
<div> <div>No corrective actions outstanding as of end of the Fourth Quarter 02-03</div> </div>							

Accountability 1 Wayne

Corrective Actions as of the End of the Fourth Quarter 2002-2003

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 2nd Quarter	Client Rights and Relations 1: Expected number of Consumer Satisfaction Surveys forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002	04/12/2002	01/01/2003	100% of the expected number of the Consumer Satisfaction Surveys were received by 11/16/01
02-03 Performance Agreement 1st Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 15, 2002.	Data Operations Branch	11/15/2002			06/30/2003	90% of the expected number of initial COI's were submitted for the time 04/01/02 - 06/30/02
02-03 Performance Agreement 1st Quarter	Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 15, 2002.	Data Operations Branch	11/15/2002			06/30/2003	Missing Substance Abuse Data Exceeds 10% (Choice Service Type, Methadone, UFDS Code).
02-03 Performance Agreement 2nd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of February 20, 2003.	Data Operations Branch	02/20/2003	03/31/2003			77% of the expected number of initial COI's were submitted for the time 07/01/02 - 09/30/02

Accountability 1 Wayne

Corrective Actions as of the End of the Fourth Quarter 2002-2003

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
02-03 Performance Agreement 2nd Quarter	Accountability3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of February 20, 2003.	Data Operations Branch	02/20/2003	03/31/2003			Missing Diagnoses Exceeds 10% (Principal, Primary).
02-03 Performance Agreement 2nd Quarter	Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of February 20, 2003	Data Operations Branch	02/20/2003	03/31/2003			Missing Substance Abuse Data Exceeds 10% (Service Type, Methadone, UFDS Code).
02-03 Performance Agreement 3rd Quarter	Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 20, 2003	Data Operations Branch	05/20/2003	06/18/2003			Missing Substance Abuse Data Exceeds 10% (Drug of Choice, Service Type, Methadone, UFDS Code).
02-03 Performance Agreement 3rd Quarter	Accountability 3: No data submitted to the Client Data Warehouse Quarter 1 (August, September). Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 20, 2003.	Data Operations Branch	05/20/2003	06/18/2003		06/18/2003	No data submission to the CDW for Quarter 3 (February & March) FY 2003.
02-03 Performance Agreement 4th Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 20, 2003.	Data Operations Branch	09/20/2003				70% of the expected number of initial COI's were submitted for the time 01/01/03 -03/31/03

Accountability 1

Wilson-Greene

Corrective Actions as of the End of the Fourth Quarter 2002-2003

[illegible]

2002-2003 Performance Agreement

Fourth Quarter Report

April 1, 2003 - June 30, 2003

Accountability 2

**Performance Requirement
(COA)**

Area Program/County	COA Accredited	Expiration Date	2002 MOA Report Filed	Remarks
Alamance-Caswell	Yes	07/31/2004	Yes	
Albemarle	Yes	01/31/2005	Yes	
Blue Ridge	Yes	05/31/2005	Yes	
Catawba	Yes	09/30/2005	Yes	
CenterPoint	Yes	04/30/2005	Yes	
Crossroads	Yes	05/31/2005	Yes	
Cumberland	Yes	07/31/2003	Yes	
Davidson	Yes	07/31/2005	Yes	
Duplin-Sampson-Lenoir	Yes	Duplin-Sampson 02/29/2004; Lenoir 01/31/2005	Yes	The Duplin-Sampson & the Lenoir Area Programs merged 7/1/02. The COA accreditation expiration date for the merged program is to be determined.
Durham	Yes	07/31/2005	Yes	
Edgecombe-Nash	Yes	11/30/2005	Yes	
Foothills	Yes	06/30/2006	Yes	
Guilford	Yes	07/31/2004	Yes	
Johnston	Yes	07/31/2003	Yes	
Lee-Harnett	Yes	10/31/2004	Yes	
Mecklenburg	NA		NA	Exempted from COA review; NCQA accredited
Neuse	Yes	11/30/2004	Yes	
New River	Yes	06/30/2005	Yes	
Onslow	Yes	02/28/2005	Yes	
Orange-Person-Chatham	Yes	12/31/2004	Yes	
Pathways	Yes	06/30/2005	Yes	
Piedmont	Yes	07/31/2005	Yes	
Pitt	Yes	07/31/2006	Yes	
Randolph	Yes	06/30/2004	Yes	
RiverStone	Yes	11/30/2005	Yes	
Roanoke-Chowan	Yes	02/28/2005	Yes	
Rockingham	Yes	04/30/2005	Yes	
Rutherford-Polk	Yes	10/31/2004	Yes	
Sandhills	Yes	01/31/2005	Yes	
Smoky Mountain	Yes	11/30/2003	Yes	
Southeastern Center	Yes	02/28/2005	Yes	
Southeastern Regional	Yes	06/30/2005	Yes	
Tideland	Yes	05/31/2005	Yes	
Trend	Yes	08/31/2005	Yes	
V-G-F-W	Yes	12/31/2005	Yes	
Wake	Yes	07/31/2005	Yes	
Wayne	Yes	01/31/2005	Yes	
Wilson-Greene	Yes	12/31/2004	Yes	

2002-2003 Performance Agreement
Fourth Quarter Report
April 1, 2003 - June 30, 2003

Accountability 3

Performance Requirement: Submit timely and complete client data reports for all clients as specified: Client Data Warehouse (CDW)

Explanation: The following table shows admission data submitted by Area Programs to the CDW as of July 22, 2003

Area Program/County	Facility Code	APR	MAY	JUN	Fourth Quarter Adm 03	Fourth Quarter Adm 02	Monthly Average 03	Monthly Average 02
Alamance-Caswell	23051	142	142	130	414	326	138	109
Albemarle	43121	158	136	133	427	504	142	168
Blue Ridge	13021	269	271	260	800	875	267	292
Catawba	13091	198	168	177	543	638	181	213
CenterPoint	23021	363	351	296	1,010	1050	337	350
Crossroads	23011	269	289	99	657	931	219	310
Cumberland	33051	273	238	216	727	927	242	309
Davidson	33021	121	121	91	333	505	111	168
Duplin-Sampson-Lenoir	43131	165	163	132	460	467	153	156
Durham	23071	73	72	38	183	230	61	77
Edgecombe-Nash	43051	197	98	0	295	620	98	207
Foothills	13051	108	77	46	231	3	77	1
Guilford	23041	481	428	300	1,209	1270	403	423
Johnston	33071	152	145	128	425	368	142	123
Lee-Harnett	33061	80	109	74	263	344	88	115
Mecklenburg								
Carolina Medic	13101	0	0	0	0	255	0	85
Child Dev. Disabilities	13102	355	294	133	782	802	261	267
Neuse	43071	86	119	111	316	224	105	75
New River	13030	121	177	141	439	353	146	118
Onslow	43021	127	125	36	288	75	96	25
Orange-Person-Chatham	23061	134	46	21	201	274	67	91
Pathways	13081	511	452	373	1,336	1281	445	427
Piedmont	13121	226	212	172	610	19	203	6
Pitt	43091	141	155	147	443	507	148	169
Randolph	33101	135	83	68	286	482	95	161
RiverStone	43061	77	80	96	253	181	84	60
Roanoke-Chowan	43101	107	93	59	259	294	86	98
Rockingham	23031	92	101	92	285	505	95	168
Rutherford-Polk	13061	52	87	83	222	321	74	107
Sandhills	33031	242	204	129	575	623	192	208
SE Center	43011	236	248	228	712	672	237	224
SE Regional	33041	159	156	159	474	83	158	28
Smoky Mountain	13010	193	227	242	662	544	221	181
Tideland	43111	145	162	133	440	294	147	98
Trend	13041	79	56	18	153	220	51	73
V-G-F-W	23081	115	78	98	291	309	97	103
Wake	33081	241	156	23	420	559	140	186
Wayne	43031	92	3	83	178	333	59	111
Wilson-Greene	43041	77	61	32	170	220	57	73

TOTAL ADMISSIONS		6,792	6,183	4,797	17,772	18,488	5,924	6,163
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2002-2003 Performance Agreement
Fourth Quarter Report
April 1, 2003 - June 30, 2003

Accountability 3

Performance Requirement: Submit timely and complete client data reports as specified: Missing Principal or Primary Diagnosis in the CDW- Not To Exceed 10%

Explanation: The following table depicts the percentage of clients admitted during quarter 3 with a missing principal or primary diagnosis.

Percentage of Missing Diagnoses Quarter 3 (Jan-Mar 2003)

Area Program/County	AREA CODE	PRINCIPAL DIAGNOSIS	PRIMARY DIAGNOSIS
Alamance-Caswell	205	4%	4%
Albemarle	412	0%	0%
Blue Ridge	102	0%	0%
Catawba	109	2%	2%
CenterPoint	202	6%	6%
Crossroads	201	12%	12%
Cumberland	305	1%	1%
Davidson	302	1%	1%
Duplin-Sampson-Lenoir	413	10%	7%
Durham	207	1%	1%
Edgecombe-Nash	405	0%	1%
Foothills	105	40%	11%
Guilford	204	5%	3%
Johnston	307	0%	0%
Lee-Harnett	306	0%	0%
Mecklenburg	110	26%	26%
Neuse	407	0%	0%
New River	103	1%	9%
Onslow	402	0%	0%
Orange-Person-Chatham	206	4%	3%
Pathways	108	3%	2%
Piedmont	112	14%	80%
Pitt	409	2%	2%

Area Program/County	AREA CODE	PRINCIPAL DIAGNOSIS	PRIMARY DIAGNOSIS
Randolph	310	2%	2%
RiverStone	406	5%	4%
Roanoke-Chowan	410	2%	2%
Rockingham	203	0%	1%
Rutherford-Polk	106	16%	14%
Sandhills	303	1%	1%
SE Center	401	10%	10%
SE Regional	304	32%	33%
Smoky Mountain	101	3%	3%
Tideland	411	2%	2%
Trend	104	3%	3%
V-G-F-W	208	5%	5%
Wake	308	2%	1%
Wayne	403	10%	6%
Wilson-Greene	404	1%	1%

Accountability3-CDW-MissingDiagnosis, Q4

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2002-2003 Performance Agreement
Fourth Quarter Report
April 1, 2003 - June 30, 2003

Accountability 3

**Performance Requirement: Submit timely and complete client data reports for all clients as specified:
Missing Required Fields in the CDW - Not to Exceed 10%**

Explanation: The following table depicts the percentage of clients admitted during Quarter 3 Jan-Mar 2003 with missing required fields. Please note: Area Programs that are shaded did not submit data to the CDW in Quarter 3.

Area Program/County	AREA CODE	STATE OF RESIDENCE	ABILITY TO PAY	COMPETENCY STATUS	EAP CODE	EDUCATION LEVEL	EMPLOYMENT STATUS	VETERAN STATUS
Alamance-Caswell	205	0%	0%	0%	0%	2%	0%	0%
Albemarle	412	0%	0%	0%	0%	0%	0%	0%
Blue Ridge	102	0%	0%	0%	0%	0%	0%	0%
Catawba	109	0%	0%	0%	0%	0%	0%	0%
CenterPoint	202	0%	0%	0%	0%	0%	0%	1%
Crossroads	201	0%	0%	0%	0%	0%	0%	0%
Cumberland	305	0%	0%	0%	0%	0%	0%	0%
Davidson	302	0%	0%	0%	0%	0%	0%	0%
Duplin-Sampson-Lenoir	413	0%	0%	0%	0%	0%	0%	0%
Durham	207	0%	0%	0%	0%	0%	0%	0%
Edgecombe-Nash	405	0%	0%	0%	0%	0%	0%	0%
Foothills	105	0%	98%	3%	85%	14%	12%	0%
Guilford	204	0%	0%	0%	0%	0%	0%	0%
Johnston	307	0%	0%	0%	0%	0%	0%	0%
Lee-Harnett	306	0%	0%	0%	0%	0%	0%	0%
Mecklenburg	110	0%	1%	1%	0%	9%	0%	0%
Neuse	407	0%	0%	0%	0%	0%	0%	0%
New River	103	0%	0%	0%	0%	0%	1%	0%
Onslow	402	0%	0%	0%	0%	0%	0%	0%
Orange-Person-Chatham	206	0%	0%	0%	0%	0%	0%	0%
Pathways	108	0%	0%	0%	0%	0%	0%	0%
Piedmont	112	0%	0%	0%	0%	0%	0%	0%
Pitt	409	0%	0%	0%	0%	0%	0%	0%

Area Program/County	AREA CODE	STATE OF RESIDENCE	ABILITY TO PAY	COMPETENCY STATUS	EAP CODE	EDUCATION LEVEL	EMPLOYMENT STATUS	VETERAN STATUS
Randolph	310	0%	6%	3%	4%	3%	0%	1%
RiverStone	406	0%	100%	1%	0%	2%	0%	0%
Roanoke-Chowan	410	0%	0%	0%	0%	0%	0%	0%
Rockingham	203	0%	0%	0%	0%	0%	0%	0%
Rutherford-Polk	106	0%	0%	0%	0%	0%	0%	0%
Sandhills	303	0%	1%	0%	0%	0%	0%	0%
SE Center	401	0%	0%	0%	0%	0%	0%	0%
SE Regional	304	0%	0%	0%	0%	0%	0%	0%
Smoky Mountain	101	0%	0%	0%	0%	0%	0%	0%
Tideland	411	0%	0%	0%	0%	0%	0%	0%
Trend	104	0%	1%	1%	0%	0%	0%	0%
V-G-F-W	208	0%	0%	0%	0%	0%	0%	0%
Wake	308	0%	0%	0%	0%	0%	0%	0%
Wayne	403	0%	0%	0%	0%	0%	0%	0%
Wilson-Greene	404	0%	0%	0%	0%	0%	0%	0%

Accountability3-CDW-MissingRequiredFields, Q4

2002-2003 Performance Agreement
Fourth Quarter Report
April 1, 2003 - June 30, 2003

Accountability 3

**Performance Requirement: Submit timely and complete client data reports for all clients as specified:
Missing Substance Abuse Data in the CDW- Not to Exceed 10%**

Explanation: The following table depicts the percentage of clients admitted during quarter 3 with a principal or primary diagnosis of substance abuse who were missing required substance abuse data.

Area Program/County	AREA CODE	DRUG OF CHOICE	SERVICE TYPE	METHADONE	UFDS
Alamance-Caswell	205	1%	7%	7%	7%
Albemarle	412	1%	1%	1%	1%
Blue Ridge	102	0%	0%	0%	0%
Catawba	109	2%	12%	12%	12%
CenterPoint	202	0%	1%	1%	1%
Crossroads	201	19%	20%	20%	20%
Cumberland	305	0%	1%	1%	1%
Davidson	302	0%	0%	0%	0%
Duplin-Sampson-Lenoir	413	8%	13%	13%	13%
Durham	207	1%	0%	0%	0%
Edgecombe-Nash	405	2%	2%	2%	2%
Foothills	105	16%	19%	19%	19%
Guilford	204	2%	5%	5%	5%
Johnston	307	0%	0%	0%	0%
Lee-Harnett	306	4%	1%	1%	1%
	110	15%	13%	13%	13%
Neuse	407	0%	0%	0%	0%
New River	103	40%	40%	40%	40%
Onslow	402	0%	1%	1%	1%
Orange-Person-Chatham	206	20%	17%	17%	17%
Pathways	108	0%	0%	0%	0%
Piedmont	112	9%	82%	82%	82%
Pitt	409	9%	3%	3%	3%

Area Program/County	AREA CODE	DRUG OF CHOICE	SERVICE TYPE	METHADONE	UFDS
Randolph	310	9%	3%	3%	3%
RiverStone	406	15%	100%	100%	100%
Roanoke-Chowan	410	1%	6%	6%	6%
Rockingham	203	0%	0%	0%	0%
Rutherford-Polk	106	31%	11%	11%	11%
Sandhills	303	0%	1%	1%	1%
SE Center	401	3%	1%	1%	1%
SE Regional	304	17%	18%	18%	18%
Smoky Mountain	101	10%	6%	6%	6%
Tideland	411	1%	1%	1%	1%
Trend	104	11%	11%	11%	11%
V-G-F-W	208	10%	6%	6%	6%
Wake	308	5%	4%	4%	4%
Wayne	403	1%	5%	5%	5%
Wilson-Greene	404	2%	1%	1%	1%

Accountability3-CDW-MissingSADData, Q4

2002-2003 Performance Agreement
Fourth Quarter Report
April 1, 2003 - June 30, 2003

Accountability 3

**Performance Requirement: Submit timely and complete client data reports for all clients as specified:
Unknown Values in Mandatory Fields in the CDW- Not To Exceed 15%**

Explanation: The following table depicts the percentage of clients admitted during quarter 3 with unknown values in mandatory data fields.

Percentage Unknown Quarter 3 (Jan-Mar 2003)

Area Program/County	AREA CODE	COUNTY	RACE	ETHNICITY	GENDER	MARITAL STATUS
Alamance-Caswell	205	0%	0%	1%	0%	1%
Albemarle	412	0%	0%	0%	0%	0%
Blue Ridge	102	0%	0%	0%	0%	0%
Catawba	109	0%	0%	0%	0%	0%
CenterPoint	202	0%	0%	0%	0%	2%
Crossroads	201	0%	0%	0%	0%	0%
Cumberland	305	0%	0%	0%	0%	0%
Davidson	302	0%	0%	0%	0%	0%
Duplin-Sampson-Lenoir	413	0%	1%	1%	0%	1%
Durham	207	0%	2%	3%	0%	2%
Edgecombe-Nash	405	0%	0%	0%	0%	0%
Foothills	105	0%	2%	2%	0%	1%
Guilford	204	0%	1%	2%	0%	0%
Johnston	307	0%	0%	0%	0%	0%
Lee-Harnett	306	0%	0%	0%	0%	0%
Mecklenburg	110	0%	0%	4%	0%	1%
Neuse	407	0%	0%	0%	0%	0%
New River	103	1%	3%	8%	0%	5%
Onslow	402	0%	0%	0%	0%	0%
Orange-Person-Chatham	206	0%	0%	1%	0%	0%
Pathways	108	0%	0%	0%	0%	0%
Piedmont	112	4%	2%	1%	0%	2%
Pitt	409	0%	1%	0%	0%	4%

Area Program/County	AREA CODE	COUNTY	RACE	ETHNICITY	GENDER	MARITAL STATUS
Randolph	310	0%	0%	1%	0%	0%
RiverStone	406	0%	0%	0%	0%	0%
Roanoke-Chowan	410	0%	0%	0%	0%	0%
Rockingham	203	0%	0%	0%	0%	0%
Rutherford-Polk	106	0%	0%	0%	0%	0%
Sandhills	303	0%	0%	0%	0%	0%
SE Center	401	0%	0%	2%	0%	0%
SE Regional	304	0%	0%	0%	0%	0%
Smoky Mountain	101	0%	1%	0%	0%	0%
Tideland	411	0%	0%	1%	0%	1%
Trend	104	0%	0%	1%	0%	0%
V-G-F-W	208	0%	0%	0%	0%	0%
Wake	308	0%	0%	0%	0%	0%
Wayne	403	0%	1%	1%	0%	2%
Wilson-Greene	404	0%	0%	0%	0%	0%

Accountability3-CDW-UnknownMandatory, Q4

**2002-2003 Performance Agreement
Fourth Quarter Report
April 1, 2003 - June 30, 2003**

Accountability 3

Performance Requirement: Submit timely and complete client data reports for all clients as specified:
Client Outcomes Instruments (COI)

Explanation: At this time, there is only one accountability measure for client outcomes: (1) a comparison of the number of admissions where the client record number ends in a 3 or a 6 with the admissions in the CDW where the client record number ends in a 3 or a 6.

The following table is a report of initial COIs from 1/1/2003 through 3/31/2003.

Area Program/County	Admission Records Ending 3 or 6 in CDW	Admission COIs Submitted (3/6 Sampling Criterion)	NC TOPPS Admission Forms Ending in 3/6	Required Admission COIs As Percentage of CDW Admissions	% of Admission COIs and Admission NC TOPPS as Percentage of CDW
Alamance-Caswell	73	38	14	52%	71%
Albemarle	105	186	0	177%	177%
Blue Ridge	131	122	1	93%	94%
Catawba	93	91	0	98%	98%
CenterPoint	170	143	39	84%	107%
Crossroads	180	172	0	96%	96%
Cumberland	152	134	2	88%	90%
Davidson	76	61	0	80%	80%
Duplin Sampson Lenoir	139	93	0	67%	67%
Durham	57	26	0	46%	46%
Edgecombe-Nash	120	114	0	95%	95%
Foothills	53	50	0	94%	94%
Gaston-Lincoln	304	283	0	93%	93%
Guilford	263	371	12	141%	146%
Johnston	105	103	0	98%	98%
Lee-Harnett	62	94	0	152%	152%
Mecklenburg	150	24	0	16%	16%
Neuse	64	56	1	88%	90%
New River	79	74	0	94%	94%
O-P-C	86	126	2	147%	149%
Onslow	76	73	0	96%	96%
Piedmont	64	29	22	45%	80%
Pitt	49	48	3	98%	104%

Area Program/County	Admission Records Ending 3 or 6 in CDW	Admission COIs Submitted (3/6 Sampling Criterion)	NC TOPPS Admission Forms Ending in 3/6	Required Admission COIs As Percentage of CDW Admissions	% of Admission COIs and Admission NC TOPPS as Percentage of CDW
Randolph	46	41	0	89%	90%
River Stone	54	54	0	100%	100%
Roanoke Chowan	54	53	0	98%	98%
Rockingham	68	79	2	116%	119%
Rutherford-Polk	43	23	0	53%	53%
Sandhills	133	126	45	95%	129%
Smoky Mountain	172	165	0	96%	96%
Southeastern	128	114	25	89%	109%
Southeastern Reg	65	100	17	154%	180%
Tideland	79	0	6	0%	8%
Trend	69	76	0	110%	110%
V-G-F-W	72	51	18	71%	96%
Wake	135	119	5	88%	92%
Wayne	73	51	0	70%	70%
Wilson-Greene	56	54	0	96%	96%
Statewide Total	3898	3617	214	93%	98%

Accountability3- COI, Q4

2002-2003 Performance Agreement
Fourth Quarter Report
April 1, 2003 – June 30, 2003

Accountability 3

Performance Requirement: Submit timely and complete client data reports for all clients as specified: **North Carolina Treatment Outcomes and Program Performance System (NC-TOPPS)**

Area Program/ County	Update Forms Expected	Criterion 1: Receipt				Criterion 2: Timeliness				Criterion 3: Completeness			
		Update Forms Received		Was 85% Benchmark Achieved?		Timely Update Forms (of # Received)		Was 85% Benchmark Achieved?		Complete- ness of Update Forms (of # Received)		Was 85% Benchmark Achieved?	
		#	%	Yes	No	#	%	Yes	No	#	%	Yes	No
Alamance-Caswell	144	45	31		No	25	56		No	14	31		No
Albemarle	-	-	-	-	-	-	-	-	-	-	-	-	-
Blue Ridge	113	89	79		No	60	67		No	70	79		No
Catawba	8	6	75		No	6	100	Yes		5	83		No
CenterPoint	367	171	47		No	119	70		No	141	82		No
Crossroads	1	0	0		No	0	0		No	0	0		No
Cumberland	14	9	64		No	6	67		No	6	67		No
Davidson	-	-	-	-	-	-	-	-	-	-	-	-	-
Duplin-Sampson	-	-	-	-	-	-	-	-	-	-	-	-	-
Durham	56	26	46		No	20	77		No	24	92		No
Edgecombe-Nash	1	0	0		No	0	0		No	0	0		No
Foothills	-	-	-	-	-	-	-	-	-	-	-	-	-
Guilford	31	14	45		No	11	79		No	13	93	Yes	
Johnston	14	13	93	Yes		10	77		No	12	92	Yes	
Lee-Harnett	-	-	-	-	-	-	-	-	-	-	-	-	-
Lenoir	-	-	-	-	-	-	-	-	-	-	-	-	-
Mecklenburg	314	115	37		No	93	81		No	96	83		No
Neuse	13	5	38		No	2	40		No	4	80		No
New River	-	-	-	-	-	-	-	-	-	-	-	-	-
Onslow	-	-	-	-	-	-	-	-	-	-	-	-	-
Orange-Per.-Chat.	27	19	70		No	17	89	Yes		18	95	Yes	
Pathways	10	3	30		No	3	100	Yes		3	100	Yes	
Piedmont	302	233	77		No	172	74		No	197	85	Yes	
Pitt	100	88	88	Yes		71	81		No	80	91	Yes	
Randolph	2	0	0		No	0	0		No	0	0		No
RiverStone	-	-	-	-	-	-	-	-	-	-	-	-	-
Roanoke-Chowan	14	4	29		No	3	75		No	4	100	Yes	
Rockingham	4	4	100	Yes		2	50		No	3	75		No
Rutherford-Polk	-	-	-	-	-	-	-	-	-	-	-	-	-
Sandhills	280	204	73		No	145	71		No	185	91	Yes	
Smoky Mountain	-	-	-	-	-	-	-	-	-	-	-	-	-
Southeastern Center	176	85	48		No	56	66		No	65	76		No
Coastal Horizons	108	87	81		No	75	86	Yes		84	97	Yes	
Southeastern Reg.	228	57	25		No	45	79		No	47	82		No
Tideland	72	16	22		No	11	69		No	12	75		No
Trend	-	-	-	-	-	-	-	-	-	-	-	-	-
V-G-F-W	66	22	33		No	13	59		No	21	95	Yes	
Wake	220	58	26		No	40	69		No	47	81		No
Wayne	3	1	33		No	0	0		No	0	0		No
Wilson-Greene	-	-	-	-	-	-	-	-	-	-	-	-	-
Compliance Level: # Meeting Criterion		-	-	3 Yes	24 No	-	-	4 Yes	23 No	-	-	10 Yes	17 No

Study Sample: Update Assessments were matched to Sept. 2002, Oct. 2002, Jan. 2003, and Feb. 2003 Initial Assessments.

Overview of NC-TOPPS: The Community Policy Management Section requires the participation of all area programs and substance abuse contract agencies in the North Carolina Treatment Outcomes and Program Performance System (NC-TOPPS). The completion of NC-TOPPS Initial Assessment and Update Assessment forms is required for all substance abuse clients in each of the following specialty programs and populations: (1) Opioid Treatment Programs, (2) Perinatal/Maternal Substance Abuse Programs, (3) MAJORS Substance Abuse/Juvenile Justice Programs, (4) TANF/Work First Clients in Substance Abuse Treatment, and (5) CASAWORKS Residential Programs. Through the use of these standardized assessments, NC-TOPPS measures the progress of substance abuse clients and programs in achieving well-defined outcomes across a variety of domains and dimensions. For the SFY 02-03 Performance Agreement requirement the Community Policy Management Section has continued the following performance measures: (1) receipt of expected Update Assessment forms, (2) timeliness of administration of Update Assessment forms, and (3) completeness of entries on 3 month Update Assessment forms (including Transfer or Discharge Assessments).

Study Sample Population: The Study Sample Population is made up of all clients who were administered a NC-TOPPS Initial Assessment on any day in the month of September 2002, October 2002, January 2003, or February 2003. Furthermore, to be included in the Study Sample Population, the client's Initial Assessment is required to be submitted to The Center for Urban Affairs and Community Services (CUACS) by the last day of the month after the Initial Assessment is administered to the client. For example, if the Initial Assessment is completed in October 2002, it must be submitted to CUACS by November 30, 2002. The July 1, 2002 Revision of the Update Assessment form is the only form accepted for data collection. *This Sample Study does not evaluate an area program's compliance with the requirement that Initial Assessments be completed on all clients in designated specialty programs/populations.*

Criterion 1: Receipt – Number of Update Assessments Received

- **Update Assessment forms should be received for all clients from the Study Sample Population. 3 month Update Assessments are expected to be administered 90 days from the 'Today's Date' item on the client's Initial Assessment. Update Assessments designated as 'Transfer or Discharge' can be administered before the 90 day benchmark.**

To be counted as **received**, the client's completed Update Assessment is required to be submitted to CUACS by June 30, 2003.

A compliance benchmark of 85% has been established to measure the program's performance against this criterion, and is indicated by a 'Yes' or a 'No'.

Criterion 2: Timeliness – Number of Timely Update Assessments Received

- **Update Assessment forms should be completed for all Initial Assessment clients from the Study Sample Population.**

3 month Update Assessment forms should be administered to clients no earlier than 76 days and no later than 104 days following the Initial Assessment **and** must be submitted to CUACS by the last day of the month after the Update is due. For example, if the Update is due in December 2002, it must be submitted to CUACS by January 31, 2003. Update Assessments designated as 'Transfer or Discharge' will be considered timely even if completed earlier than 76 days following the Initial Assessment.

The **timeliness** timeframe in which an Update Assessment form is expected to be administered is based on the "Today's Date" field on the Initial Assessment form. The timeliness of the Update Assessment forms are handled by the definitions specified below.

Initial Assessment Date = "Today's Date" from Initial Assessment form

Update Assessment Date = "Today's Date" from Update Assessment form

Timeframe for 3 month Update Assessments expected to be administered for clients:

3 month = Count of [(Initial Assessment Date) + (90 days)]

Timeframe for 3 month Update Assessments to be administered as Timely for continuing treatment clients:

3 month = Count of [(76 days ≤ ((Update Assessment Date) – (Initial Assessment Date)) ≤ 104)]

Timeframe for Update Assessments to be administered Timely for 'Transfer or Discharge' clients:

= Count of [(Update Assessment Date - Initial Assessment Date) ≤ 104]

A compliance benchmark of 85% has been established to measure the program's performance against this criterion, and is indicated by a 'Yes' or a 'No'.

Criterion 3: Completeness – Number of Completed Update Assessments Received

- **Designated items on the Update Assessment forms should be fully completed.**

The **completeness** of forms received from each Area Program or contract agency is determined by the percentage of Update Assessment forms received that include a minimum number of designated items completed. For example, if an area program has returned 7 forms, and 6 of these forms include at least 24 of the 27 designated items complete, the area program percentage would be 85.7%, or 6 divided by 7.

For clients present for an in-person interview, 27 designated items on the Update Assessment are evaluated for completeness. For the Performance Agreement criterion to be achieved, at least 24 of the 27 designated items must be fully completed.

For clients who are not present for an in-person interview, 15 designated items on the Update Assessment are evaluated for completeness. For the Performance Agreement criterion to be achieved, at least 13 of the 15 designated items must be fully completed.

A compliance benchmark of 85% has been established to measure the program's performance against this criterion, and is indicated by a 'Yes' or a 'No'.

2002-2003 Performance Agreement
Fourth Quarter Report
April 1, 2003 - June 30, 2003

Accountability 3

Performance Requirement: Submit timely and complete client data reports for all clients as specified: **The Local Community Collaborative will submit Comprehensive Treatment Services Program (At Risk Children) waiting list data on a quarterly basis.**

Area Program/County	Waiting List Data Submitted
Alamance-Caswell	Yes
Albemarle	No
Blue Ridge	Yes
Catawba	Yes
CenterPoint	Yes
Crossroads	Yes
Cumberland	Yes
Davidson	No
Duplin-Sampson-Lenoir	Yes
Durham	Yes
Edgecombe-Nash	Yes
Foothills	No
Guilford	Yes
Johnston	Yes
Lee-Harnett	Yes
Mecklenburg	Yes
Neuse	Yes
New River	Yes
Onslow	Yes
Orange-Person-Chatham	Yes
Pathways	Yes
Piedmont	Yes
Pitt	Yes
Randolph	Yes
RiverStone	Yes
Roanoke-Chowan	Yes
Rockingham	Yes
Rutherford-Polk	Yes
Sandhills	Yes
Smoky Mountain	Yes
Southeastern Center	Yes
Southeast Regional	Yes
Tideland	No
Trend	Yes
Vance-Granville-Franklin-Warren	Yes
Wake	Yes
Wayne	Yes
Wilson-Greene	Yes

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Access to Services 1

Performance Requirement: Provide access to services for eligible children in Department of Social Services (DSS) custody in an attempt to maintain or improve penetration rates for Fiscal Year 2002 to Fiscal Year 2003, subject to available funding.

Explanation:

Penetration rate = (A / B)

where A = Number of children in DSS custody receiving MH services from Area Programs. From Medicaid paid claims data.

B = Number of children in DSS custody in Area Program catchment area. From Medicaid eligibility data.

Children (age<18) with eligibility aid-category IAS or HSF.

Area Program/County	SFY2000 Adjusted Average	SFY2001 Adjusted Average	SFY2002 Adjusted Average	Adjusted SFY03 Quarter 1	Adjusted SFY03 Quarter 2	Adjusted SFY03 Quarter 3	SFY03 Quarter 4	SFY03 Average	
ALAMANCE CASWELL	27.4 %	21.7 %	22.3 %	24.1 %	23.3 %	25.3 %	18.7 %	22.9 %	**
ALBEMARLE	22.6 %	22.1 %	28.1 %	31.6 %	28.8 %	30.6 %	23.0 %	28.5 %	**
BLUE RIDGE	39.4 %	37.0 %	37.8 %	39.9 %	40.3 %	39.3 %	33.5 %	38.3 %	**
CATAWBA	35.4 %	31.3 %	32.2 %	30.6 %	28.7 %	32.2 %	29.8 %	30.3 %	
CENTERPOINT	24.5 %	26.3 %	29.7 %	30.9 %	30.3 %	33.1 %	29.3 %	30.9 %	**
CROSSROADS	24.5 %	22.1 %	21.8 %	20.6 %	19.3 %	23.4 %	21.0 %	21.1 %	**
CUMBERLAND	15.7 %	15.7 %	15.9 %	16.9 %	16.2 %	19.9 %	19.8 %	18.2 %	**
DAVIDSON	25.7 %	23.6 %	26.5 %	26.2 %	24.2 %	25.4 %	23.4 %	24.8 %	
DUPLIN SAMPSON	18.6 %	20.0 %	17.9 %	15.1 %	16.5 %	31.9 %	23.8 %	21.8 %	**
DURHAM	31.9 %	30.3 %	28.9 %	30.7 %	29.9 %	27.7 %	29.4 %	29.4 %	**
EDGECOMBE NASH	25.4 %	26.9 %	30.7 %	28.7 %	30.6 %	24.7 %	26.4 %	27.6 %	
FOOTHILLS	23.1 %	22.7 %	20.8 %	23.3 %	22.0 %	25.1 %	18.8 %	22.3 %	**
GUILFORD	30.2 %	24.1 %	27.0 %	25.7 %	25.1 %	26.6 %	23.6 %	25.3 %	
JOHNSTON	21.2 %	29.3 %	25.4 %	23.9 %	22.3 %	26.6 %	25.6 %	24.6 %	**
LEE HARNETT	17.8 %	16.4 %	23.3 %	22.8 %	20.5 %	23.8 %	21.1 %	22.1 %	
LENOIR	17.7 %	n/a*	n/a*	n/a*	n/a*	n/a*	n/a*	n/a*	
MECKLENBURG	26.3 %	29.5 %	33.1 %	30.3 %	27.4 %	28.9 %	28.4 %	28.8 %	
NEUSE	21.7 %	21.6 %	22.3 %	22.4 %	22.9 %	22.9 %	24.0 %	23.1 %	**
NEW RIVER	38.4 %	35.2 %	30.1 %	32.4 %	32.0 %	31.7 %	26.8 %	30.7 %	**
ONSLOW	14.8 %	15.5 %	9.6 %	11.4 %	10.5 %	13.2 %	12.7 %	12.0 %	**
OPC	32.7 %	32.1 %	32.3 %	40.8 %	33.8 %	39.6 %	37.7 %	38.0 %	**
PATHWAYS	35.0 %	37.0 %	40.5 %	44.6 %	43.6 %	45.7 %	38.9 %	43.2 %	**
PIEDMONT	28.2 %	26.5 %	30.0 %	32.0 %	29.1 %	29.0 %	22.7 %	28.2 %	
PITT	30.0 %	31.8 %	32.6 %	32.4 %	32.4 %	33.9 %	28.9 %	31.9 %	**
RANDOLPH	45.0 %	49.6 %	47.0 %	45.9 %	43.9 %	44.6 %	44.2 %	44.7 %	
RIVERSTONE	26.9 %	26.4 %	34.2 %	31.8 %	31.8 %	33.9 %	32.3 %	32.5 %	
ROANOKE CHOWAN	37.4 %	37.4 %	35.4 %	39.8 %	41.7 %	41.9 %	37.6 %	40.3 %	**
ROCKINGHAM	16.2 %	17.1 %	22.2 %	20.5 %	21.3 %	18.0 %	14.0 %	18.5 %	
RUTHERFORD POLK	36.6 %	34.5 %	32.9 %	31.4 %	27.5 %	33.5 %	28.5 %	30.2 %	
SANDHILLS	25.5 %	23.1 %	26.5 %	27.7 %	28.1 %	27.8 %	27.3 %	27.7 %	**
SMOKY MTN	36.3 %	32.9 %	32.8 %	42.1 %	37.8 %	41.4 %	39.4 %	40.2 %	**
SOUTHEASTERN	34.8 %	34.6 %	35.7 %	34.8 %	37.3 %	37.7 %	34.8 %	36.2 %	**
SOUTHEASTERN REG	20.3 %	21.2 %	22.1 %	22.5 %	24.0 %	25.5 %	21.7 %	23.4 %	**
TIDELAND	34.6 %	30.5 %	25.8 %	27.9 %	31.4 %	30.2 %	23.5 %	28.3 %	**
TREND	44.7 %	40.0 %	34.4 %	29.6 %	31.3 %	27.9 %	28.9 %	29.4 %	
V G F W	30.2 %	29.5 %	27.6 %	29.9 %	27.3 %	26.9 %	25.6 %	27.4 %	**
WAKE	28.8 %	30.1 %	34.3 %	34.6 %	35.8 %	37.0 %	34.2 %	35.4 %	**
WAYNE	9.4 %	11.6 %	18.7 %	21.1 %	22.1 %	21.9 %	19.8 %	21.2 %	**
WILSON GREENE	19.1 %	19.6 %	24.1 %	21.9 %	19.1 %	21.2 %	17.6 %	20.0 %	
State total	28.3 %	27.8 %	29.3 %	29.5 %	29.5 %	30.4 %	27.5 %	29.2 %	

* Data for Lenoir county provided with Duplin-Sampson due to merged functions and subsequent complete merger of Area Programs, Duplin-Sampson and Lenoir.

Shaded cell indicates that the AP/LME maintained or increased service penetration rates from SFY02 to SFY03.

** Indicates that the AP/LME met or exceeded the state average service penetration rate.

Note: Declines of less than 1% are considered to be maintenance of penetration rate.

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Service Delivery 1 - Adult Mental Health

Performance Requirement: Offer an appointment to see individuals who choose the Area Program for follow-up care within five (5) working days after notification to the Area Program of discharge of adults from State Psychiatric Hospital. If the client does not attend the appointment (i.e., no show), the Area Program will document that reasonable professional efforts were made to see or reschedule the client.

Area Program/ County	# Adult MH Records Reviewed	# Clients Met	% Clients Met
Alamance-Caswell	9	3	33%
Albemarle	6	3	50%
Blue Ridge	9	8	89%
Catawba	1	1	100%
CenterPoint	10	10	100%
Crossroads	10	10	100%
Cumberland	Data not available		
Davidson	8	8	100%
Duplin-Sampson-Lenoir	10	5	50%
Durham	10	10	100%
Edgecombe-Nash	6	5	83%
Foothills	6	3	50%
Guilford	7	5	71%
Johnston	1	1	100%
Lee-Harnett	10	7	70%
Mecklenburg	5	5	100%
Neuse	10	10	100%
New River	10	10	100%
Onslow	6	6	100%
O-P-C	8	8	100%
Pathways	6	4	67%
Piedmont	11	9	82%
Pitt	6	6	100%
Randolph	8	8	100%
RiverStone	4	4	100%
Roanoke-Chowan	5	5	100%
Rockingham	8	2	25%
Rutherford-Polk	7	4	57%
Sandhills	8	7	88%
Smoky Mountain	10	10	100%
Southeastern Center	8	7	88%
Southeastern Regional	8	8	100%
Tideland	7	5	71%
Trend	5	2	40%
V-G-F-W	5	5	100%
Wake	10	10	100%
Wayne	10	5	50%
Wilson-Greene	10	10	100%
TOTAL*	278	229	82%

SD1- 5day requirement - AMH, Q4

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Service Delivery 1 - Substance Abuse

Performance Requirement: Offer an appointment to see individuals who choose the Area Program for follow-up care within five (5) working days after notification to the Area Program of discharge of adults from Alcohol and Drug Abuse Treatment Center. If the client does not attend the appointment (i.e., no show), the Area Program will document that reasonable professional efforts were made to see or reschedule the client.

Area Program/County	# Substance Abuse Records Reviewed	# Clients Seen within 5 Days	# Clients Met	% Clients Met
Alamance-Caswell	1	1	1	100
Albemarle	NA	NA	NA	NA
Blue Ridge	10	8	8	80
Catawba	3	3	3	100
CenterPoint	4	4	4	100
Crossroads	NA	NA	NA	NA
Cumberland	NA	NA	NA	NA
Davidson	2	2	2	100
Duplin-Sampson-Lenoir	NA	NA	NA	NA
Durham	10	6	6	60
Edgecombe-Nash	NA	NA	NA	NA
Foothills	3	3	3	100
Guilford	6	2	2	33.3
Johnston	NA	NA	NA	NA
Lee-Harnett	1	1	1	100
Mecklenburg	NA	NA	NA	NA
Neuse	NA	NA	NA	NA
New River	3	2	2	66.6
Onslow	2	2	2	100
O-P-C	10	9	9	90
Pathways	2	2	2	100
Piedmont	4	3	3	75
Pitt	NA	NA	NA	NA
Randolph	5	5	5	100
RiverStone	NA	NA	NA	NA
Roanoke-Chowan	NA	NA	NA	NA
Rockingham	6	6	6	100
Rutherford-Polk	1	1	1	100
Sandhills	NA	NA	NA	NA
Smoky Mountain	2	2	2	100
Southeastern Center	5	2	2	40
Southeastern Regional	NA	NA	NA	NA
Tideland	NA	NA	NA	NA
Trend	2	1	1	50
V-G-F-W	5	5	5	100
Wake	NA	NA	NA	NA
Wayne	NA	NA	NA	NA
Wilson-Greene	NA	NA	NA	NA
TOTAL	87	72	161	85.5